

NATIONAL Assessment Centre Services

(wef 1 Jan 2005) MNA118155879

Date In: 3/12/18-11:27	Job description	Date & Time Completed	Done by
Ref No: NA/INC18.02/713/24	SAS e-filing		
Veh No: 06071195	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 1/12/18-16:55	i-Motor Claim Form	M7/1022337-001	3/12/18 16:30
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: Vch No: 0W42935 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

Invoice Preparation Checklist		Amt (\$)	Amt (\$)
		Int Bill	Add Bill
1) AR: Accident Reporting (\$30);			
2) DA: Damage Assessment (\$100); INC (\$80)			
3) TP: 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:-			
Q11:			
*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 (N-in INC) against INC \$20			
9) N12: Idac Mobile \$0			
Invoice dated	Fee Charged		
Invoice dated	Fee Charged		

NA1807864

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Ref 1:

Ref 2/3:

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	03/12/2018 11:27
Date Of Accident	01/12/2018 16:55
Exact Location Of Accident	PIE (CHANGI) AFTER TAMPINES AVE 2 EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGD7119S
Insured/Policyholder	
Name Of Registered Owner	RITZ LEASING
Co Reg No	53365663W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97113211
Alternative Phone No	OFFICE-97113211

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH 1.8 A
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5104133043
Cover Note Number	

Driver

Name of Driver	SAMUEL OH KOK YEW
NRIC No	S9227167F
Date Of Birth	29/07/1992
Occupation	OUTDOOR
Date Of Driving Pass	25/03/2013
Driving Experience	5 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88099601
Fax Number	
Contact Number	OFFICE-88099601
Email Address	NOEMAIL

Address	BLK 12 KAMPONG ARANG ROAD #06-21
Postcode	431012
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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	DRIZZLING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ROCHOR NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 11 KAMPONG KAPOR ROAD , POSTCODE: 208678 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2949999 - FAX NO: 63918583
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20181201/2153.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJW4293S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ALSWIJ YOUSEF
NRIC/Passport Number	G1297485Q
Contact Number	91596411
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

2

Passenger 1

NAME: :

GENDER: :

DETAILS OF INJURED PERSON 1

Name

SAMUEL OH KOK YEW

Approximate Age

Injuries Sustain

WAIST & HEAD

Injured person in which vehicle?

SGD7119S

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.

RITZ LEASING

Reg No. 53365663W

7, Yishun Industrial Street 1, #01-31
Northspring Bizhub, Singapore 768162
Tel : 6255 6118 Fax : 6255 0118

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.:

PIE (change)

A = 540719S
B = 5404293E

Refer to police report - 7/20181201/2153.

RITZ LEASING
If We declare the foregoing of

Reg No. 53365663W

Tel : 6255 6118 Fax : 6255 0118

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

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



SINGAPORE POLICE FORCE



T/20181201/2153

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

1 of 3

Report No. T/20181201/2153

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/12/2018 21:41	Vide Report No.:	Station Diary No.: 157
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Informant's Particulars

Name of Informant: SAMUEL OH KOK YEW			Address: APT BLK 12 KAMPONG ARANG ROAD #06-21 SINGAPORE 431012		
ID Type / ID No.: NRIC NO / S9227167F			Contact No.: Home/Office: Mobile: 88099601		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 26	Date of Birth: 29/07/1992	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: MONEYLENDER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 01/12/2018 16:55	Type of Location: Bend
Location: Along Road 1 PAN ISLAND EXPRESSWAY towards Changi Airport after Tampines Avenue 2 exit				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit: 80 Km/h	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGD7119S	Car	TOYOTA	wish 1.8	White	Seriously Damaged	0
SJW4293E	Car	PROTON	PERSONA 1.6L	White	Seriously Damaged	1

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20181201/2153

2 of 3

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

Report No. T/20181201/2153

CONTINUATION OF REPORT

Driver				
Name	SAMUEL OH KOK YEW		ID No.	S9227167F
Related Vehicle	SGD7119S (Car)		Contact No.	88099601
Hospital/Clinic	ACCESS MEDICAL (WHAMPOA)		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	01/12/2018		Date Discharge	01/12/2018
No. of Days granted Medical Leave	03		Degree of Injury	Serious
Driver				
Name	Alswij Yousef		ID No.	G1297485Q
Related Vehicle	NIL		Contact No.	91596411
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 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 above date time and place I was travelling in my car SGD7119S on the third lane at Pan Island Expressway towards Changi Airport. Just before the exit at Tampines Avenue 2, one car SJW4293E which was travelling on the second lane, swerved and banged on my right side of my car. As a result my car SGD7119S right front and rear door dented and damaged. The other car SJW4293E only suffered scratches on the front left bumper. The other party was not injured. The other driver admitted that he banged on my car. I felt aching pain on my waist and head. Later on the same day, at about 1930hrs I went to see doctor at Access Medical and was given three days medical leave.



**SINGAPORE
POLICE FORCE**



T/20181201/2153

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

3 of 3

Report No. T/20181201/2153

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:
A /
Sr Staff Sgt MUNAWIR BIN MOHAMMAD
TAHIR

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SI ANG YI TING, STEPHANIE
Contact No.: 65476414

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
01/12/2018 21:41

Classification Of Case:

Type	Country Code	Passport No
PA	SGP	E6209315A
Name		

SAMUEL OH KOK YEW

Sex	Nationality
M	SINGAPORE CITIZEN
Date of birth	Place of birth
29 JUL 1992	SINGAPORE
Date of issue	Date of expiry
15 AUG 2016	15 MAY 2022
Modifications	Authority
SEE PAGE 2	MINISTRY OF HOME AFFAIRS
National ID No	
S9227167F	

PASGPOH<<SAMUEL<KOK<YEW<<<<<<<<<<<<<<<<<
E6209315A0SGP9207293M2205153S9227167F<<<<98

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

EFFECTIVE DATE

Class 3 Motor Cars $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of the driver, and other motor vehicles $\leq 2500\text{kg}$ 25 Mar 2013

Licence No: S9227167F

KP 428A

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number **S9227167F**

SAMUEL OH KOK YEW

Birth Date 29 Jul 1992
Issue Date 25 Mar 2013

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

[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"/>	5104133043		RITZ LEASING	53365663W	GPC	drive CLASSIC	SGD7119S	SGD7119S	24/09/2018	20/08/2019

Policy Information

Policy No.

5104133043

Certificate No.

Address

7 YISHUN INDUSTRIAL STREET 1 #01-31 NORTH SPRING BIZHUB SINGAPORE 768162

Product Name

PRIVATE CAR INSURANCE

Policy issue Date

24/09/2018

Excess Type

Third Party Excess

1500

Additional Excess

0

Outside Singapore OD Excess

1500

Agent

ANG KOK CHIN

Co-insurance Flag

No

Open Policy Info

Certificate Info

Policyholder Name

RITZ LEASING

Policyholder NRIC

53365663W

Plan

Effective Date

24/09/2018 00:00

All Claims Excess

Own damage Excess

1500

OS Premium

0

Outside Singapore TP Excess

1500

Agent Tel.

94567080

Group Policy Flag

N

Expiry Date

20/08/2019 23:59

Windscreen Excess

100

GST Flag

Y

Young/Inexperience Driver Excess

Policyholder Mailing Address

Address 1

7 YISHUN INDUSTRIAL STREET

Address 2

#01-31 NORTH SPRING BIZHUE

Address 3

SINGAPORE 768162

Address 4

Address Type

Singapore address

Post Code

768162

Unit No.

01-31

Related Policy Number

5105359425

Insured Object: SGD71195

Endorsements

Sequence

Date of Endorsement

Endorsement Type

Endorsement Status

Endorsement Content

Continue

Cancel

https://gicclaim.income.com.sg/gcs/icm/eclaim/registrationInit.do?policyNo=5104133043&... 3/12/2018

Claim Handling

Exit

Accident MT/1022339

Policy No.	5104130643	Vehicle No.	SGD71195	GST Registration No.	
Certificate No.					
Policyholder Name	RITZ LEASING	Cover Type	drive CLASSIC	Policyholder NRIC	53365663W
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	97113211	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text"/>
KFX	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	Yes
Accident Details					
Report Date	03/12/2018 16:26	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	01/12/2018	Time of Accident (hh:mm)	16:55	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PSE (CHANGE) AFTER TAMPINES AVE 2 EXIT				
Excess					
Own damage Excess	1,500.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess	1,500.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History					

Policyholder Mailing Address					
Address 1	7 YISHUN INDUSTRIAL STREET	Address 2	#01-31 NORTH SPRING BIZHUE	Address 3	SINGAPORE 768162
Address 4		Address Type	Singapore address	Post Code	768162
Unit No.	01-31	Related Policy Number	5105359425		
DI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	29/07/1992
Unnamed driver Name	SAMUEL OH KOK YEW	Driver NRIC	99227167F	Driving Experience	5
Register Date of Driver License	25/03/2013	Driver Age	26	Contact No.(Home)	0
Contact No.(Mobile)	98099601	Contact No.(Office)	0	Address 3	DI TANJONG RHU
Address 1	BLK 12	Address 2	KAMPONG ARANG ROAD	Post Code	431012
Address 4	SINGAPORE 431012	Address Type	Singapore address		
Unit No.	06-21				
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

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	RITZ LEASING	Insured NRIC	53365663W
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	65544346
Email Address		DI Vehicle Number	SGD71195	TP Vehicle Number	52W42935
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SGD71195 / 52W42935 ON 1 Dec 2018				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	03/12/2018 16:30	Claim Close Date		Date Received	03/12/2018 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					
Save Submit					

Attachment

Accident No.		MT/1022339		Claim No.		001	
Last Doc. Received		<input checked="" type="radio"/> Yes <input type="radio"/> No		Upload Date		03/12/2018 16:33	
Path *		Category *		Confidential		Urgency *	
	Browse...	Clear	Please Select	<input type="checkbox"/>		Normal	
	Browse...	Clear	Please Select	<input type="checkbox"/>		Normal	
	Browse...	Clear	Please Select	<input type="checkbox"/>		Normal	
	Browse...	Clear	Please Select	<input type="checkbox"/>		Normal	

Attachment List

 [Video List](#)

Scan and uploading