

NATIONAL Assessment Centre Services. part 1 Jan 2009 MNA 118164572

Date In:	Job description	Date & Time Completed	Done by
22/12/18 17:48	SAS e-filing		
Ref No: MA1 INC 180 22962/64.	E-mail (within 3hrs, AIC 2hrs)		
Veh No: SLJ 5968 E	I-Motor Claim Form	MT11024903-001	24/12/18 09:26.
DOA: 22/12/18 15:50.	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
OD: <input checked="" type="checkbox"/> Reporting; Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ( ) Tot: ( ) Fax: ( )

TP Particulars: Vch No: EA 2688D. 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 repaler.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ); Invoice: YES ( ) / NO ( ); Towing Co: ( )

Remarks:	Date & Time Completed	Done by
(INC hotline 67886616)		
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

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

Date/Time	Actions

Claimant's Particulars:	Invoice Description	Amount (\$)	Sub-Amount (\$)	Add'l Bill
MA1808478	1) AR: Accident Reporting (\$30);	30.00		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)			
Contact No:	3) TP: Towing Fee \$40/\$45			
Damaged Portion:	4) FT: Follow-Through Survey \$120			
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30			
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2009)			
	6) TR: Re-Inspection \$75			
	7) NI: Idao DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	Q1:			
	*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: Idao 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 Report	22/12/2018 17:48
Date Of Accident	22/12/2018 15:50
Exact Location Of Accident	AT THE VICINITY OF 69 SERANGOON GARDEN WAY
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLJ5968E
Insured/Policyholder	
Name Of Registered Owner	YAP BOON HONG
NRIC No	S7041145H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91777736
Alternative Phone No	OFFICE-91777736
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA ALTIS
Exact Purpose for which vehicle was being used at time of accident	PARKED
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 CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5105012892
Cover Note Number	-
Driver	
Name of Driver	LOH PUI HOON (LU PEIFEN)
NRIC No	S7201253D
Date Of Birth	16/01/1972
Occupation	INDOOR
Date Of Driving Pass	12/11/2001
Driving Experience	17 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-91777735
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 317 SERANGOON AVE 2 #08-240
Postcode	550317
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	DRIZZLING
Road Surface	WET

#### 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?	NO
Was any injured conveyed to hospital by ambulance?	
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)	0

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	SERANGOON NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 50 SERANGOON AVE 2 #01-02 , <b>POSTCODE:</b> 556129 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-4880999 - <b>FAX NO:</b> 64883561
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 Witness 1

Name	MUHAMMAD KHALED BIN ABDUL RAHIM
Phone Number	92765747
Email Address	

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	EQ2688D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## SKETCH PLAN

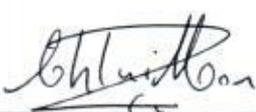
### IMPORTANT NOTICE

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

A = SLJ5968E  
B = ER 268PD

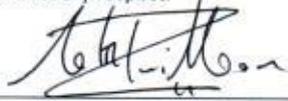
Vicinity of 69 Serangoon Garden way

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

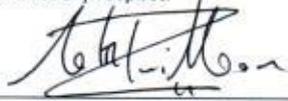
Please refer to Police Report

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/20181222/2094

Police Station Of Origin:  
Serangoon N.P.C  
50 Serangoon Avenue 2 #01-02 SINGAPORE  
556129  
Tel No: 1800-4880999

2 of 3

Report No. T/20181222/2094

**CONTINUATION OF REPORT**

Vehicle Owner			
Name	LOH PUI HOON	ID No.	S7201253D
Related Vehicle	SLJ5968E (Car)	Contact No.	91777735
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 22/12/2018 at about 1550hrs, I returned to my parked vehicle and I saw a note on my car which I parked at the vicinity of 69 Serangoon Garden Way carpark. The note stated that he witnessed a car (EQ2688D) had bumped into my front left side of my vehicle while reverse parking and left the scene without notification. The note also stated it happened on 22/12/2018 at about 1450hrs. He also noticed that the car (SKP9306U) which was parked directly opposite my car had an in-car camera and might have captured the incident. My vehicle has a in-car camera but it did not capture the incident as it will only be switched on when the car is started. I would like to state that the witness name is Muhammad Khaled Bin Abdul Rahim, Tel: 92765747. That is all.



**SINGAPORE  
POLICE FORCE**



T/20181222/2094

3 of 3

Police Station Of Origin:  
Serangoon N.P.C  
50 Serangoon Avenue 2 #01-02 SINGAPORE  
556129  
Tel No: 1800-4880999

Report No. T/20181222/2094

**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:

F /

Insp WEE HUI LING, ANGELINA

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

22/12/2018 17:25

Officer In Charge Of Case:

TP / HRT /

SI KALESWARI PALANI

Contact No.: 65476902

Classification Of Case:

Authentication Stamp

NP168



SN 154

102

REPUBLIC OF SINGAPORE DRIVING LICENCE

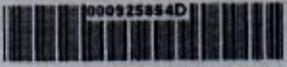
License Number: **S7201253D**

Name: **LOH PUI HOON (LU PEIFEN)**

Birth Date: **16 Jan 1972**

Issue Date: **15 Oct 2003**

000925854D

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S7201253D**

Name: **LOH PUI HOON (LU PEIFEN)**  
**卢佩芬**

Race: **CHINESE**

Date of Birth: **16-01-1972**

Sex: **F**

Country of Birth: **SINGAPORE**

S7201253D



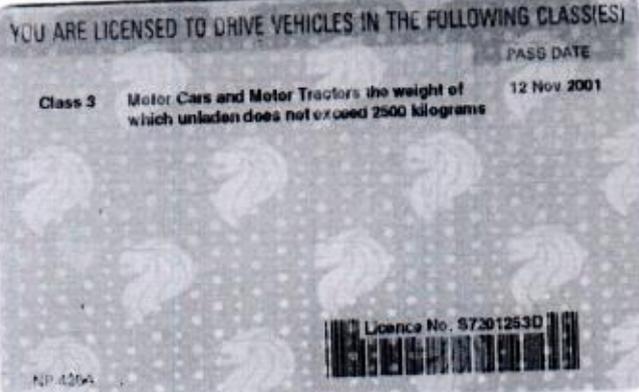

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE: **12 Nov 2001**

NP 420A

Licence No. **S7201253D**



0475226

Barcode

NRIC No. **S7201253D**

Blood Group: **O+**

Date of issue: **17-08-1992**

APT BLK 317 SERANGOON AVENUE 2 #08-240  
SINGAPORE 550317

NRIC No: **S7201253D** Date: **24-01-1999** No: **2759958**



Dear Car Owner,

I witnessed a car (EQ2688D) bumped into your front left while reverse parking. He then left the scene without notification.

This happened around 2.50 pm (22/12/18). I noticed the vehicle parked directly opposite you (SKP 9306U) has an in-vehicle camera. He should be able to provide evidence.

You may call me @ 92765747

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"/>	5105012892		YAP BOON HONG	S7041145H	GPC	drivo CLASSIC	SLJ5968E	SLJ5968E	19/12/2018	18/12/2019

**Claim Handling**

Accident MT/1024903

Policy No.	5105012892	Vehicle No.	SLJ5968E	GST Registration No.	
Certificate No.					
Policyholder Name	YAP BOON HONG			Policyholder NRIC	57041
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	91777736	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	TCA	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No

▼ **Accident Details**

Report Date	24/12/2018 09:19	Accident Report Within 24 hrs	Yes	Accident Type	Demag
Date of Accident	22/12/2018	Time of Accident hh:mm	15:50	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	AT THE VICINITY OF 69 SERANGOON GARDEN WAY				

▼ **Excess**

Own damage Excess	0.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	0.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

▼ **Benefits**

Coverage	Sum Insured
Excess Waiver	99999999.99

▼ **GST Registered Information**

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

▼ **Policyholder Mailing Address**

Address 1	BLK 317 #08-240	Address 2	SERANGOON AVENUE 2	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	55031
Unit No.	08-240	Related Policy Number	5105012892		

▼ **OI Driver Info**

Driver Name	Loh Pui Hoon	Driver Type	Named Driver
Unnamed driver Name		Driver NRIC	S7201253D
Register Date of Driver License	01/01/2016	Driver Age	46
Contact No.(Mobile)	91777735	Contact No.(Office)	
Address 1	BLK 317 #08-240	Address 2	SERANGOON AVENUE 2
Address 4		Address Type	Singapore address
Unit No.	08-240		
Does he own a Singapore Registered car?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Driver Vehicle No.	
		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	YAP BOON HONG
Contact No.(Mobile)	91777736	Contact No.(Home)	64987654
Email Address	boonhong.yap@gmail.com	DI Vehicle Number	SLJ5968E
Claim Description	SLJ5968E / EQ2688D ON 22 Dec 2018		
Preferred Workshop Finalisation	0	Insured Liability	Not at Fault
Date Registered	24/12/2018 09:23	Preferred Repair Option	Preferred Workshop, Name unknown
Report Taken By	LIEW SHAN HUI	GIA report	Received
		Claim Close Date	

Print AK letter

Save Submit

Attachment

Accident No.  
Last Doc. Received

MT/1024903  
 Yes  No

Claim No.  
Upload Date

001  
24/12/2018 09:26

Path \*

Category \*

Confidential

Urgency \*

- Choose File No file chosen
- Message Read

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
Clear	Please Select	NO	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Dec 2018 09:26	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-12-24
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Dec 2018 09:26	SAS	Normal	SAS 2018-12-24
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Dec 2018 09:26	Photos	Normal	Photos 2018-12-24
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Dec 2018 09:26	Photos	Normal	Photos 2018-12-24
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Dec 2018 09:26	Photos	Normal	Photos 2018-12-24
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Dec 2018 09:23	Photos	Normal	Photos 2018-12-24
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Dec 2018 09:23	Photos	Normal	Photos 2018-12-24
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Dec 2018 09:23	Photos	Normal	Photos 2018-12-24
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Dec 2018 09:23	Photos	Normal	Photos 2018-12-24

Video List

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