

# NATIONAL Assessment Centre Services

Date In: 18/03/19	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/INC19004825/13	E-mail (within 5hrs, AIC 2hrs):		
Veh No: SLT6380R	i-Motor Claim Form: MI/1036432-001		
DOA: 16/03/19 1800	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD: (TP) 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: ( CAS CARAGE Tel: Fax: )

TP Particulars: Veh No: SMF19747 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



## 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	18/03/2019 10:25
Date Of Accident	16/03/2019 18:00
Exact Location Of Accident	GARDEN BY THE BAY CARPARK BESIDE LOT NO 63
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLT6380R
Insured/Policyholder	
Name Of Registered Owner	LOW PUAY SAN
NRIC No	S7221312B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98361104
Alternative Phone No	OTHERS-98361104
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	ELANTRA
Exact Purpose for which vehicle was being used at time of accident	PARKED VEH
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	5096144030-01
Cover Note Number	
Driver	
Name of Driver	LOW PUAY SAN
NRIC No	S7221312B
Date Of Birth	16/06/1972
Occupation	INDOOR
Date Of Driving Pass	26/05/1994
Driving Experience	24 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98361104
Fax Number	
Contact Number	OTHERS-98361104
Email Address	NOEMAIL

Address	BLK 31 TEBAN GARDENS ROAD #04-215
Postcode	600031
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLIDED INTO PARKED VEHICLE
Weather Conditions	CLEAR
Road Surface	DRY

#### 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?	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)	0

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

#### 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	SMF1974Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHEOK WEI SHIN
NRIC/Passport Number	S8771265F
Contact Number	88186668
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	



## SKETCH PLAN


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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.

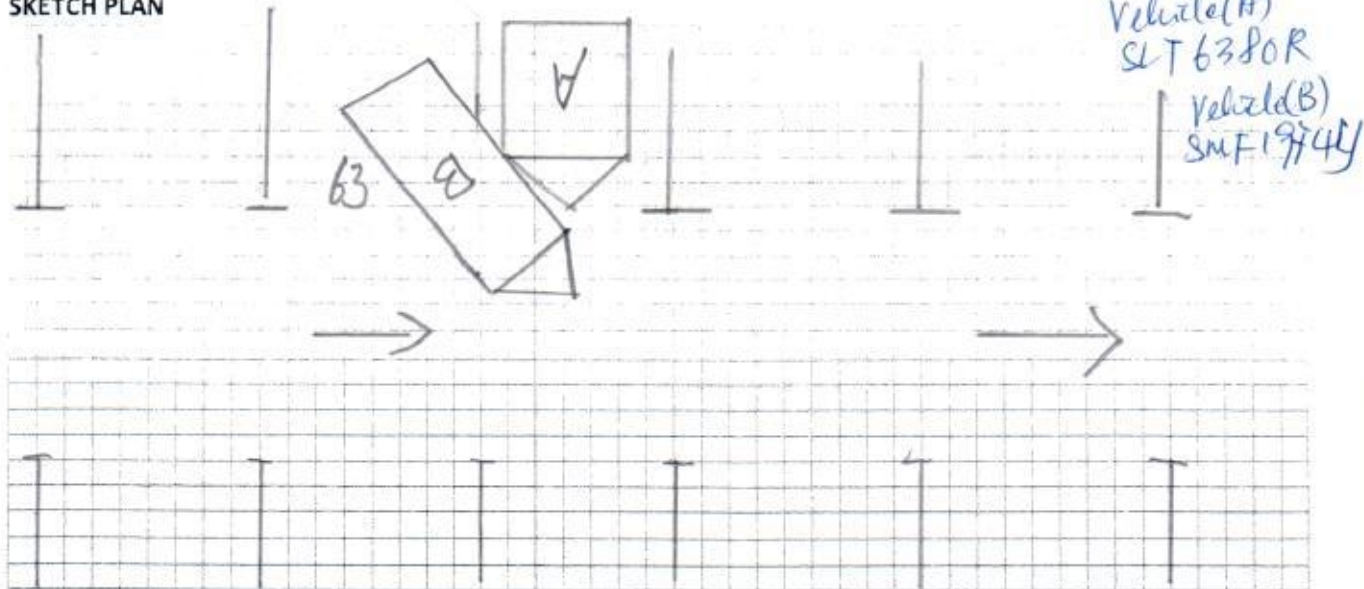
  
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

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

 18/03/19  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# GARDENS BY THE BAY BASEMENT CARPARK

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 16-03-2019, At about 1500HRS, VEHICLE B MOVED OFF AND COLLIDED ON TO MY VEHICLE LEFT SIDE AND FROM PORTION.

I would like to state that there were no passengers in the car.

Vehicle (A) = SLT 6380R  
Vehicle (B) = SMF 1974 Y

## 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:

 18/03/19  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



## ACCIDENT STATEMENT

ACCIDENT DATE: (16/3/2019) (DD/MM/YYYY), TIME: (18:00) (HH:MM)

LOCATION: GARDEN BY THE BOX CARPACK, <sup>DESIGN</sup> LOT NO. 63

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLT 6380 R  
 b) INSURANCE COMPANY: NTUC  
 c) POLICY NUMBER: 5096144030-01  
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT  
 e) MAKE & MODEL: HYUNDAI ELANTRA  
 f) TYPE: SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS  
 g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE  
 h) PURPOSE OF USING AT ACCIDENT TIME: PRV USE  
 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: LOW PUAN SAN (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 722312 B CONTACT: P8361104  
c) ADDRESS: BLK 31, TEGAN GARDENS ROAD, #04-215 5600031

\* 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: \_\_\_\_\_

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: SME 1974 Y MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: CHENG WEL SHIN  
c) NRIC/FIN/PASSPORT: S8771265 F CONTACT: 8818 6668

### 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
e) DRIVER'S NAME: \_\_\_\_\_  
f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

EMAIL : CASGODRAGESH @ GMAIL.COM

FAX : +65 6509 9501

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7221312B



Name  
LOW PUAY SAN



刘佩珊  
Race  
CHINESE  
Date of Birth  
16-06-1972 Sex  
F  
Country of Birth  
SINGAPORE



*owner*

1742713



NRIC No: S7221312B



Blood Group: B+ Date of issue: 20-10-1993

APT BLK 31 TEBAN GARDENS ROAD #04-215  
SINGAPORE 600031

NRIC No: S7221312B Date: 21-12-2004 (R) No: 5136123



# REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S7221312B**

Name:

**LOW PUAY SAN**

Birth Date: **16 Jun 1972**

Issue Date: **26 Nov 2003**



**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**

**26 May 1994**

NP 428A



*own rev*



## Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960  
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

**Certificate Number:** 5096144030-01

**Cover :** drivo PREMIUM

1. Index mark and Registration Number of Vehicle : **SLT6380R**  
 Chassis Number : KMHD841CMJU568335
2. Name of Policyholder : LOW PUAY SAN
3. Effective Date of Insurance : 03 Nov 2018
4. Expiry Date of Insurance : 02 Nov 2019
5. Persons or Classes of Persons entitled to drive#  
 (a) The Policyholder.  
 (b) Any other person who is driving on the Policyholder's order or with his/her permission.  
 Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
6. Limitations as to Use#  
 (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

**This Policy does not cover**

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: YES
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: LOW PUAY SAN
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: MAYBANK
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : KOMOCO TRADING PTE LTD (00000614810)  
 Date of Issue : 03 Nov 2018 14:00 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

## Claim Handling

## Accident MT/1036432

Policy No.	5096144030-01	Vehicle No.	SLT6380R	GST Registration No.
Certificate No.				
Policyholder Name	LOW PUAY SAN			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive PREMIUM	Loading
Contact No.(Mobile)	98361104	Contact No.(Office)	0	Contact No.(Home)
Email Address		Special Remark		eCode
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

## ▼ Accident Details

Report Date	18/03/2019 18:33	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	16/03/2019	Time of Accident hh:mm	18:00	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	GARDEN BY THE BAY CARPARK BESIDE LOT NO 63			

## ▼ Excess

Own damage Excess	600.00	Additional Excess	0	Windscreen Excess
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00	
Third Party Excess	0.00	Outside Singapore TP Excess	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 31 #04-215	Address 2	TEBAN GARDENS	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5096144030-01	

## ▼ OI Driver Info

Driver Name	LOW PUAY SAN	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	57221312B	Driver DOB
Register Date of Driver License	01/01/2000	Driver Age	46	Driving Experience
Contact No.(Mobile)	98361104	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 31	Address 2	TEBAN GARDENS	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#04-215			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Com

## Declaration

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

## Modification History

Claim 001 OD-MX

New

## Claim Type \*

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop  Insured Liability  Not at Fault   
 Contact No. Finalisation  Preferred Repair Option  Preferred Workshop (refer below)  GIA report  Received

Date Registered

Report Taken By

☒ Print AK letter

OD-MX	Insured Name	LOW PUAY SAN
98361104	Contact No. (Home)	689568
CYNLOW16@GMAIL.COM	OI Vehicle Number	SLT638
SLT6380R / SMF1974Y ON 16 Mar 2019		
18/03/2019 18:37	Claim Close Date	
ROSLINDA	Workshop Repairer	



## Attachment



Accident No. MT/1036432 Claim No. 001  
 Last Doc. Received ☒ Yes ☐ No Upload Date 18/03/2019 00:00

Path \*

Category \*

Confidential

 No file chosen

 No file chosen

 No file chosen

 No file chosen

 No file chosen

 No file chosen



Please Select ▼

NO

Please Select ▼

NO

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NO

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NO

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NO

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NO

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des.
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Mar 2019 18:37	NRIC/ Driving License	Normal	NRIC/ Driving I
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Mar 2019 18:37	NRIC/ Driving License	Normal	NRIC/ Driving I
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Mar 2019 18:37	SAS	Normal	SAS 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Mar 2019 18:37	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Mar 2019 18:37	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Mar 2019 18:36	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Mar 2019 18:36	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Mar 2019 18:36	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Mar 2019 18:36	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Mar 2019 18:36	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Mar 2019 18:36	Photos	Normal	Photos

## Video List

Uploaded By/Date

Folder Date

File Name

