

NATIONAL Assessment Centre Services. (part 1 Jan 2005) : MMA 119094527

Date In: 19/7/19 13:27	Job description	Date & Time Completed	Done by
Ref No: NAT INC 19012808/64	SAS e-filing		
Veh No: SJU 76502	E-mail (within 2hrs, AIC 2hrs)		
TTA: 18/7/19 18:15	I-Motor Claim Form	MTH1054199-001	19/7/19 17:46
TP: TP / Repairing Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/When		

Preferred Wksp / HMC Assign Wksp / CW: ()	Tel: ()	Fax: ()
TP Particulars:	Veh No: FBH 4646U	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%; R: 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: ()

Accident: ()

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: ()

Body: ()

Damage: ()

Other: ()

Driver/Owner:	1) All Accident Reporting (\$30)	2000
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$50)
Damaged Portion:	3) TP: Towing Fee	\$40/\$45
QC Checked by (Bngr-In-Charge):	4) TP: Follow-Through Survey	\$120
Warranty:	5) TP: Follow-Through Survey (Resurvey)	\$30
Sub 1:	6) TR: Re-inspection	\$75
	7) NL: Idea DA + SMRT Survey	\$160
	8) NTUC Additional Services:	
	9) NS: Courtesy Car / Tpt Allowance	\$3
	10) NG: Repair Coordination	\$10
	11) NG: Post Repair Inspection	\$23
	12) NG: DV / Collect Excess Coordination	\$3
	13) TP (N1) / TP (Non-INC) against INC	\$20
	14) N12: Idea 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	19/07/2019 13:27
Date Of Accident	18/07/2019 18:15
Exact Location Of Accident	PAYA LEBAR RD SLIP RD INTO PIE (TUAS)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJU7650Z
Insured/Policyholder	
Name Of Registered Owner	YIP WAI KHEONG
NRIC No	S0330028E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91809047
Alternative Phone No	OFFICE-91809047

Vehicle Particulars

Manufacturer	HONDA
Model	JAZZ
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
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	5095643847-01
Cover Note Number	-

Driver

Name of Driver	YIP WAI KHEONG
NRIC No	S0330028E
Date Of Birth	25/06/1946
Occupation	INDOOR
Date Of Driving Pass	26/05/1965
Driving Experience	54 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91809047
Fax Number	
Contact Number	OFFICE-91809047
EEmail Address	NOEMAIL

Address	BLK 239 LORONG 1 TOA PAYOH #02-100
Postcode	310239
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	NO COLLISION
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?	
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)	2
Passenger 1	NAME: : WIFE GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TOA PAYOH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 93 TOA PAYOH CENTRAL TOA PAYOH COMMUNITY BUILDING , POSTCODE: 319194 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2519999 - FAX NO: 63548749
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	FBH4646U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	MS TEO
NRIC/Passport Number	
Contact Number	96756719
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

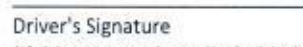
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1. Please report **correctly** the details of the accident to speed up the claims process.
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3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or 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 = SJU 7650 Z
 B = FBH 4646 U

B O A

Paya lebar Rd Slip Rd into PIE (Tuas)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Fyy
 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.:



Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/07/2019 19:45	Vide Report No.:	Station Diary No.: 153
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Informant's Particulars

Name of Informant: YIP WAI KHEONG			Address: APT BLK 239 LORONG 1 TOA PAYOH #02-100 SINGAPORE 310239		
ID Type / ID No.: NRIC NO / S0330028E			Contact No.: Home/Office: Mobile: 91809047		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 73	Date of Birth: 25/06/1946	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: UNEMPLOYED			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 18/07/2019 18:15	Type of Location: Bend
Location: Along Road 1 Traveling Toward Road 2 PAYA LEBAR ROAD PAN-ISLAND EXPRESSWAY Paya Lebar Road, Slip Road into PIE towards Tuas.				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Moving Vehicle Against - Others			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBH4646U	Motorcycle	PIAGGIO	VESPA GTS 300 SUPER			0
SJU7650Z	Car	HONDA	JAZZ GLI 1.3 A	Silver	No Damage	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJU7650Z	NTUC Income Insurance Co-Operative Limited	5095643847-01	28/12/2018	27/12/2019



SINGAPORE
POLICE FORCE



T/20190718/2164

2 of 3

Report No. T/20190718/2164

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	YIP WAI KHEONG	ID No.	S0330028E
Related Vehicle	NIL	Contact No.	91809047
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Rider			
Name	TEO	ID No.	NIL
Related Vehicle	NIL	Contact No.	96756719
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 18/07/19 at about 6.15.p.m, I was driving my car bearing registration number, SJU7650Z along Paya Lebar Road, Slip Road to enter into PIE towards Tuas. While driving along the slip road, I applied brake to avoid collision when a lorry ahead had brake suddenly. As my car was stationary, a motorcyclist (Referred to V1) was riding on her scooter bearing vehicle registration number, FBH4646U appeared to be leaning onto my left bonnet of my car. V1 did not fall down and managed control of her scooter.

Therefore, I alighted from my car and made a check on V1. V1 claimed that her right toes were hurt after being rolled over by my car's tire. V1 given her contact details and asked me to lodge a traffic police report before riding off in her scooter.

I do not collide onto her at all. I am lodging this police report to disclaim any liability.



Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

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:

E /

Sgt 3 TEOH PREECHA

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Signature Of Informant:

7-28

Date/Time:

18/07/2019 19:45

Classification Of Case:

Authentication Stamp


NP166

SINGAPORE
POLICE FORCE

SN 168

SIGNATURE

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0330028E



Name
YIP WAI KHEONG

Race
CHINESE

Date of Birth
25-06-1946

Sex
M

Country of Birth
SINGAPORE

For LKK/NAC Use Only


REPUBLIC OF SINGAPORE DRIVING LICENSE

License Number S0330028E

Name
YIP WAI KHEONG

Birth Date 25 Jun 1946

Issue Date 14 Feb 2003



0001940708



Vehicle No. S0330028E



Blood Group Date of Issue
O+ 09-12-1999

401 BLK 239 LORONG 1 TOA PAYOH
#02-100
SINGAPORE 310239


For LKK/NAC Use Only

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class	Description	Pass Date
Class 2B	Motorcycles not exceeding 200 cc	15 Jan 1965
Class 2A	Motorcycles between 201 cc and 400 cc	15 Jan 1965
Class 2	Motorcycles exceeding 400 cc	15 Jan 1965
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	26 May 1965

428A

License No. S0330028E



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="18/07/2019 13:23"/>
Vehicle No.(For Motor)	<input type="text" value="SJU7650Z"/>	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"/>	5095643847-01		YIP WAI KHEONG	S0330028E	GPC	drive CLASSIC	SJU7650Z	SJU7650Z	28/12/2018	27/12/2019

Claim Handling

Accident MT/1054199

Policy No.	5095643847-01	Vehicle No.	SJU7650Z	GST Registration No.
Certificate No.				
Policyholder Name	YIP WAI KHEONG			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	91809047	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire

Accident Details

Report Date	19/07/2019 17:42	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	18/07/2019	Time of Accident hh:mm	18:15	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	PAYA LEBAR RD SLIP RD INTO PIE (TUAS)			

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 239 #02-100	Address 2	LORONG 1 TOA PAYOH	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5095643847-01	

OI Driver Info

Driver Name	YIP WAI KHEONG	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S0330028E	Driver DOB
Register Date of Driver License	26/05/1965	Driver Age	73	Driving Experience
Contact No.(Mobile)	91809047	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 239 #02-100	Address 2	LORONG 1 TOA PAYOH	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.				
Does he own a Singapore Registered car?	Yes <input type="radio"/> No <input checked="" type="radio"/>	Driver Vehicle No.		Driver Insurer Comp.

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 New

Claim Type *	OD-MX	Insured Name	YIP WAI K
Contact No.(Mobile)	91809047	Contact No.(Home)	6259280
Email Address		OI Vehicle Number	SJU7650Z
Claim Description	SJU7650Z / FBH4646U ON 18 Jul 2019		
Preferred Workshop	0	Insured Liability	Partially at Fault
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	19/07/2019 17:45
			LIEW SHAN HUI
Print AK letter			

Save Submit

Attachment



Accident No. MT/1054199 Claim No. 001
 Last Doc. Received ☒ Yes ☐ No Upload Date 19/07/2019 17:46

Path *

Category *

Confidential

Choose File No file chosen

Clear

Please Select ▼

NO ▼

Choose File No file chosen

Clear

Please Select ▼

NO ▼

Choose File No file chosen

Clear

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NO ▼

Choose File No file chosen

Clear

Please Select ▼

NO ▼

Choose File No file chosen

Clear

Please Select ▼

NO ▼

Choose File No file chosen

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NO ▼

Message Read

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Descr
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Jul 2019 17:46	NRIC/ Driving License	Normal	NRIC/ Driving Li
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Jul 2019 17:46	SAS	Normal	SAS 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Jul 2019 17:46	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Jul 2019 17:46	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Jul 2019 17:45	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Jul 2019 17:45	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Jul 2019 17:45	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Jul 2019 17:45	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Jul 2019 17:45	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Jul 2019 17:45	Photos	Normal	Photos 2

Video List

Uploaded By/Date

Folder Date

File Name



Display in New Window

Scan and uploading