

# NATIONAL Assessment Centre Services

(wef 1 Jan 2005) **MLA 1910775**

|                                 |  |                       |                    |
|---------------------------------|--|-----------------------|--------------------|
| Date In: <b>01/19-18:50</b>     | Job description  | Date & Time Completed | Done by            |
| Ref No: <b>NA/INC1901368874</b> | SAS e-filing   |                       |                    |
| Veh No: <b>ML845L</b>           | E-mail (within 3hrs, AIC 2hrs)                         |                       |                    |
| D.O.A: <b>2/8/19-22:15</b>      | i-Motor Claim Form                                     | <b>ML1056549-001</b>  | <b>01/19 19:49</b> |
| OD: <b>FP</b> Reporting Only    | i-Motor W/O (Within: OD 2hrs, TP 4hrs)                 |                       |                    |
|                                 | i-Photo Uploaded                                       |                       |                    |
| TP Insurer:                     | Assessment/Survey Report                               |                       |                    |
|                                 | Ass't Report by <u>Fax / Hand</u> to <u>Owner/Wksp</u> |                       |                    |

|  |   |                       |
|--|---|-----------------------|
| Preferred Wksp / INC Assign Wksp / QW: ( | Tel:  | Fax:                  |
| TP Particulars:                          | Veh No: <b>h082w12u</b>                                 | 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 |
|-----------|---------|
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |

|                                 |   |                      |                      |
|---------------------------------|---|----------------------|----------------------|
| <b>NA 1905802</b>               | <b>Invoice Preparation Checklist</b>            | Ant (\$)<br>Est Bill | Ant (\$)<br>Add Bill |
| Claimant's Particulars:-        | 1) AR: Accident Reporting (\$30);               |                      |                      |
| 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) 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:-                   |                      |                      |
| QC Checked by (Engr-In-Charge): | OD*   |                      |                      |
|                                 | *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         |                      |                      |
|                                 | 9) N12: Idac 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             | 05/08/2019 18:50        |
| Date Of Accident           | 02/08/2019 22:55        |
| Exact Location Of Accident | SERANGOON RD SHELL EXIT |
| Country/State of Loss      | SINGAPORE               |

| DETAILS OF OWN VEHICLE      |         |
|-----------------------------|---------|
| Vehicle Registration Number | SML845L |

| Insured/Policyholder     |                      |
|--------------------------|----------------------|
| Name Of Registered Owner | KWAN YUET SIONG      |
| NRIC No                  | S1471303D            |
| Email Address            | NOEMAIL              |
| Mobile Phone No          | (LOCAL) +65-86083083 |
| Alternative Phone No     | OFFICE-86083083      |

| Vehicle Particulars  |                               |
|--|-------------------------------|
| Manufacturer   | PEUGEOT                       |
| Model  | 3008 1.6 E-HDI ETG ACTIVE SUV |
| 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                                       | 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             | 5110295947                             |
| Cover Note Number         |  |

| Driver               |                       |
|----------------------|-----------------------|
| Name of Driver       | KWAN YUET SIONG       |
| NRIC No              | S1471303D             |
| Date Of Birth        | 27/02/1961            |
| Occupation           | OUTDOOR               |
| Date Of Driving Pass | 26/03/1993            |
| Driving Experience   | 26 YEARS AND 4 MONTHS |
| Gender               | MALE                  |
| Mobile Number        | (LOCAL) +65-86083083  |
| Fax Number           |                       |
| Contact Number       | OFFICE-86083083       |
| Email Address        | NOEMAIL               |

|   |                                 |
|---|---------------------------------|
| Address   | BLK 316 JELLICOE ROAD<br>#17-08 |
| Postcode  | 200816                          |
| 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   | SIDE SWIPE |
| 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?   | 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)   | 2   |
| Passenger 1   | NAME: : SITI FARHANA BINTE MOHAMED YUSOFF<br>GENDER: : FEMALE |

#### Details of Police Action

|   |   |
|---|---|
| Was the accident reported to the police?  | YES   |
| If Yes, Please state which Police Station |   |
| Police Station Name                       | TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY                   |
| Police Station Address                    | ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE |
| Police Station Contact                    | TEL NO: 65470000 - FAX NO:                                    |
| Was notice of intended Prosecution given? | NO  |
| If Yes, against whom?                     |   |

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20190803/7009.

#### 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 | GBB2217U           |
| Vehicle Make/Model/Colour   | TOYOTA             |
| 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 KWAN YUET SIONG

Approximate Age

Injuries Sustain NECK & BACK

Injured person in which vehicle? SML845L

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

**DETAILS OF INJURED PERSON 2**

Name SITI FARHANA BINTE MOHAMED YUSOFF

Approximate Age

Injuries Sustain NECK & BACK

Injured person in which vehicle? SML845L

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

## SKETCH PLAN

### IMPORTANT NOTICE

- 1) Please report **correctly** on the details of the accident to speed up the claims process.
- 2) This form must **be completed by the policy holder 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 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
  - (II) For complying with requirements under my regulations, laws or court orders.



Policy holder's signature  
Date / time:



Driver's signature  
(if driver is not policy holder)  
Date / time:



reporting centre personnel's Signature  
Date / time:

SKETCH PLAN

A - SHL 845L  
B - GBB 2217U



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- REFER TO POLICE REPORT -

DECLARATION

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

Policy holder's signature  
Date & time:

Driver's signature  
(if driver is not policy holder)  
Date & time:

reporting centre personnel's Signature  
NRIC/FIN No.:

# SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

- ❖ Complete and submit this form to the individual insurance authorised reporting centre.
- ❖ Please report correctly on the details of the accident to speed up the claim process.
- ❖ This form must be filled up by the policy holder and/or authorised driver.
- ❖ Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- ❖ The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- ❖ Any false reporting may be referred to the traffic police department for investigation.

| ACCIDENT DETAILS           |                         |
|----------------------------|-------------------------|
| Date of accident           | 2 AUG 2019 (DD/MM/YY)   |
| Time of accident           | 10 55PM (HH:MM)         |
| Exact location of accident | SERANGOON RD SHELL EXIT |

| DETAILS OF VEHICLE                                 |  |
|--|--|
| Vehicle registration number                        | SHL 845 L  |
| Vehicle make and model                             | Peugeot  |
| Type of vehicle                                    | Saloon <input checked="" type="checkbox"/> MPV <input type="checkbox"/> CRV <input type="checkbox"/> Van <input type="checkbox"/><br>Lorry <input type="checkbox"/> Bus <input type="checkbox"/> Motorcycle <input type="checkbox"/> Others: _____ |
| Vehicle category                                   | Private <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Motorcycle <input type="checkbox"/>  |
| Purpose of using at said time                      |  |
| Are you claiming under your own insurance company? | Yes <input type="checkbox"/> No <input type="checkbox"/> if no, please select:<br>Third part claim <input checked="" type="checkbox"/> Reporting only <input type="checkbox"/>   |

| INSURANCE INFORMATION |   |
|-----------------------|---|
| Insurance company     | NTUC  |
| Policy number         |   |
| Type of policy        | Comprehensive <input type="checkbox"/> Third party fire & theft <input type="checkbox"/> TP only <input type="checkbox"/> |

| INSURED / POLICY HOLDER      |  |
|------------------------------|--|
| Name                         | KWAN YUET SIONG Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> |
| NRIC / Fin / Passport number | 51471303D  |
| Contact                      | 86083083   |
| Address                      | BLK 816 JELICOE ROAD #17-08<br>SINGAPORE 200816  |

| DRIVER                       | SAME AS INSURED ABOVE <input type="checkbox"/> (SKIP TO D.O.B)              |
|------------------------------|---|
| Name                         | Male <input type="checkbox"/> Female <input type="checkbox"/>               |
| NRIC / Fin / Passport number |   |
| Contact                      |   |
| Address                      |   |
| Email address                |   |
| Date of birth                | 27/02/1961  |
| Occupation                   | Indoor <input type="checkbox"/> Outdoor <input checked="" type="checkbox"/> |
| Driving date pass            | 26/03/1993  |

| GENERAL INFORMATION OF THE ACCIDENT              |   |
|--|---|
| Was driver an employee of the insured's company? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br>If no, relationship of the driver and insured: _____ |
| Accident captured by camera?                     | Yes <input type="checkbox"/> No <input type="checkbox"/>  |
| Weather condition                                | Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____                                    |
| Road surface                                     | Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/>  |
| No of passenger                                  | 02 (Inclusive of driver)  |

| PASSENGER 1 |  |
|-------------|--|
| Name        | Siti Farhana Binte Mohamed Yusoff  |
| Gender      | Male <input type="checkbox"/> Female <input checked="" type="checkbox"/> |

| PASSENGER 2 |   |
|-------------|---|
| Name        |   |
| Gender      | Male <input type="checkbox"/> Female <input type="checkbox"/> |

| PASSENGER 3 |   |
|-------------|---|
| Name        |   |
| Gender      | Male <input type="checkbox"/> Female <input type="checkbox"/> |

| PASSENGER 4 |   |
|-------------|---|
| Name        |   |
| Gender      | Male <input type="checkbox"/> Female <input type="checkbox"/> |

| PASSENGER 5 |   |
|-------------|---|
| Name        |   |
| Gender      | Male <input type="checkbox"/> Female <input type="checkbox"/> |

| PASSENGER 6 |   |
|-------------|---|
| Name        |   |
| Gender      | Male <input type="checkbox"/> Female <input type="checkbox"/> |

| OTHER INFORMATION          |   |
|----------------------------|---|
| Was anybody injured?       | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Was other vehicle damaged? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

| DETAILS OF POLICE STATION ACTION |  |
|----------------------------------|--|
| Reported to police?              | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, please state which police station. |
| Police station name              | /  |

| WITNESS 1 |  |
|-----------|--|
| Name      |  |

| WITNESS 2 |  |
|-----------|--|
| Name      |  |

| THIRD PARTY VEHICLE 1        |              |
|------------------------------|--------------|
| Vehicle registration number  | 4BB 22174    |
| Vehicle make model           | TOYOTA LORRY |
| Name                         |              |
| NRIC / Fin / Passport number |              |
| Contact                      |              |

| THIRD PARTY VEHICLE 2        |  |
|------------------------------|--|
| Vehicle registration number  |  |
| Vehicle make model           |  |
| Name                         |  |
| NRIC / Fin / Passport number |  |
| Contact                      |  |

| THIRD PARTY VEHICLE 3        |  |
|------------------------------|--|
| Vehicle registration number  |  |
| Vehicle make model           |  |
| Name                         |  |
| NRIC / Fin / Passport number |  |
| Contact                      |  |

| THIRD PARTY VEHICLE 4        |  |
|------------------------------|--|
| Vehicle registration number  |  |
| Vehicle make model           |  |
| Name                         |  |
| NRIC / Fin / Passport number |  |
| Contact                      |  |

| THIRD PARTY VEHICLE 5        |  |
|------------------------------|--|
| Vehicle registration number  |  |
| Vehicle make model           |  |
| Name                         |  |
| NRIC / Fin / Passport number |  |
| Contact                      |  |

| THIRD PARTY VEHICLE 6        |  |
|------------------------------|--|
| Vehicle registration number  |  |
| Vehicle make model           |  |
| Name                         |  |
| NRIC / Fin / Passport number |  |
| Contact                      |  |

| THIRD PARTY VEHICLE 7        |  |
|------------------------------|--|
| Vehicle registration number  |  |
| Vehicle make model           |  |
| Name                         |  |
| NRIC / Fin / Passport number |  |
| Contact                      |  |

| INJURED PERSON 1                               |   |
|--|---|
| Name   | Kwan Yuet Siong   |
| Injuries sustained                             | Back and neck   |
| Which vehicle person in?                       | SML 845L  |
| Were seat belts worn?                          | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

| INJURED PERSON 2                               |   |
|--|---|
| Name   | Siti Farhana Binte Mohamed Yusoff                                   |
| Injuries sustained                             | Back and neck   |
| Which vehicle person in?                       | SML 845L  |
| Were seat belts worn?                          | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

| INJURED PERSON 3                               |  |
|--|--|
| Name   |  |
| Injuries sustained                             |  |
| Which vehicle person in?                       |  |
| Were seat belts worn?                          | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

| INJURED PERSON 4                               |  |
|--|--|
| Name   |  |
| Injuries sustained                             |  |
| Which vehicle person in?                       |  |
| Were seat belts worn?                          | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

| INJURED PERSON 5                               |  |
|--|--|
| Name   |  |
| Injuries sustained                             |  |
| Which vehicle person in?                       |  |
| Were seat belts worn?                          | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

| INJURED PERSON 6                               |  |
|--|--|
| Name   |  |
| Injuries sustained                             |  |
| Which vehicle person in?                       |  |
| Were seat belts worn?                          | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> No <input type="checkbox"/> |



# SINGAPORE POLICE FORCE



T/20190803/7009

1 of 3

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20190803/7009

**REPORT OF A TRAFFIC ACCIDENT**

|  |            |                              |  |                    |                            |
|--|------------|------------------------------|--|--------------------|----------------------------|
| Date/Time Report Made:<br>03/08/2019 13:15 |            | Vide Report No.:             |  | Station Diary No.: |                            |
| <b>Informant's Particulars</b>             |            |                              |  |                    |                            |
| Name of Informant:<br>KWAN YUET SIONG      |            |                              | Address:<br>APT BLK 816 JELICOE ROAD #17-08 SINGAPORE 200816 |                    |                            |
| ID Type / ID No.:<br>NRIC NO / S1471303D   |            |                              | Contact No.:<br>Home/Office: Mobile: 86083083                |                    |                            |
| Nationality:<br>SINGAPORE CITIZEN          |            |                              | Email:<br>jimmykwanys@gmail.com                              |                    |                            |
| Sex:<br>Male                               | Age:<br>58 | Date of Birth:<br>27/02/1961 | Type of Informant:<br>Driver                                 |                    |                            |
| Race:<br>Chinese                           |            |                              | Language:<br>English   |                    | Institution / School Name: |
| Occupation:<br>Private Hire Driver         |            |                              | Driving Licence Information:<br>Class: 3                     |                    | Date of Expiry:            |

**General Information of the Accident**

|  |                  |                                    |   |   |
|--|------------------|------------------------------------|---|---|
| Type of Accident:  | Injury<br>Others | Drink<br>Drive:<br>No              | Date/Time of<br>Accident:<br>02/08/2019 22:55 | Type of Location:<br>Shell at<br>serangoon road |
| Location:<br><br>SERANGOON ROAD                              |                  |                                    |   |   |
| Weather:<br>Clear  |                  | Road Surface:<br>Dry               |   | Road Speed Limit:                               |
| Traffic Flow:<br>One Way                                     |                  | Traffic Control:<br>Not Controlled |   | Traffic Volume:<br>Heavy                        |
| Type of Collision:<br>Between Moving Vehicles - Head To Side |                  |                                    |   | Anyone conveyed by<br>ambulance:<br>No          |

**Details of Vehicle Involved**

| Vehicle No. | Type  | Make    | Model                            | Color | Condition            | No of Passenger |
|-------------|-------|---------|----------------------------------|-------|----------------------|-----------------|
| GBB2217U    | Lorry |         | Toyota                           |       | No<br>Damage         | 1               |
| SML845L     | Car   | PEUGEOT | 3008 1.6 E-<br>HDI ETG<br>ACTIVE | White | Seriously<br>Damaged | 0               |

**Details of Vehicle Insurance**

| Vehicle No. | Insurance Company                             | Insurance No | Effective  | Expiry Date |
|-------------|---|--------------|------------|-------------|
| SML845L     | NTUC Income Insurance Co-Operative<br>Limited | 5110295947   | 11/06/2019 | 10/06/2020  |



**SINGAPORE  
POLICE FORCE**



T/20190803/7009

2 of 3

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20190803/7009

**CONTINUATION OF REPORT**

| Details of Person Involved        |                 |  |                                 |
|-----------------------------------|-----------------|--|---------------------------------|
| Any Pedestrian Involved: No       |                 |  |                                 |
| No. of Pedestrians Injured: NIL   |                 | Use of Pedestrian Crossing: NA         |                                 |
| Driver                            |                 |  |                                 |
| Name                              | KWAN YUET SIONG | ID No.                                 | S1471303D                       |
| Related Vehicle                   | SML845L (Car)   | Contact No.                            | 86083083                        |
| Hospital/Clinic                   | NIL             | Class of Driving Licence & Expiry Date | Class: 3<br>Date of Expiry: NIL |
| Date Treatment                    | NIL             | Date Discharge                         | NIL                             |
| No. of Days granted Medical Leave | 05              | Degree of Injury                       | Serious                         |

**Brief Details.**

On 2nd aug 2019 at around 1055pm. I was stationary inside a shell petrol station at serangoon road. Suddenly i feel i huge impact came from the right. When i got down i saw a lorry(GBB2217U) exiting shell hit into my car. (SML845L)



**SINGAPORE  
POLICE FORCE**



T/20190803/7009

3 of 3

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20190803/7009

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPHQ /  
ONG YONG HOCK  
Contact No.: 65476436

Authentication Stamp

NP168

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:  
03/08/2019 13:15

Classification Of Case:

Class 2

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

Class 2

25 Mar 1961

NP 270

License No. S1471303D

For LKK/NAC Use Only

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

Class 2

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

Class 2

25 Mar 1961

NP 270

License No. S1471303D

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1471303D

KWAN YUET SIONG

黃越和

CHINESE

Date of Birth: 27-02-1961

Country of Birth: SINGAPORE

81471303D

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE

DRIVING LICENCE

License No. S1471303D

KWAN YUET SIONG

Date of Issue: 27 Feb 1961

Valid Until: 26 Feb 2003

81471303D

For LKK/NAC Use Only

## 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:** 5110295947

**Cover :** drive CLASSIC

- |  |                     |
|--|---------------------|
| 1. Index mark and Registration Number of Vehicle   | : <b>SML845L</b>    |
| Chassis Number   | : VF30U9HD8ES010714 |
| 2. Name of Policyholder  | : KWAN YUET SIONG   |
| 3. Effective Date of Insurance   | : 11 Jun 2019       |
| 4. Expiry Date of Insurance  | : 10 Jun 2020       |
| 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.<br>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 or Hirer's business.

**This Policy does not cover**

- (a) Use for racing, pace-making, reliability trial or speed-testing.  
(b) Use for the carriage of goods (other than samples) in connection with any trade or business.  
(c) 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\$2,000  |
| EXCESS (SECTION 2)                   | : S\$1,500  |
| WINDSCREEN EXCESS                    | : S\$100  |
| ADDITIONAL EXCESS                    | : N/A   |
| UNNAMED DRIVER EXCESS                | : PLEASE REFER OVERLEAF                           |
| REPAIR AT OWNER'S PREFERRED WORKSHOP | : NO  |
| INSURE WITH COE                      | : YES   |
| NCD PROTECTION                       | : NO  |
| TRANSPORT ALLOWANCE                  | : NO  |
| EXCESS WAIVER                        | : NO  |
| PRIMARY DRIVER                       | : KWAN YUET SIONG                                 |
| NAMED DRIVER (1)                     | : N/A   |
| NAMED DRIVER (2)                     | : N/A   |
| HIRE PURCHASE COMPANY                | : N/A   |
| 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 : ONE STOP INSURANCE AGENCY (00000571115)

Date of Issue : 11 Jun 2019 17:43 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

\_\_\_\_\_  
Authorised Officer



\_\_\_\_\_  
Chief Executive

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"/> | 5110295947 |                    | KWAN YUET SIONG   | S1471303D         | GPC     | drivo CLASSIC | SML845L     | SML845L        | 11/06/2019    | 10/06/2020  |

 Policy Information

|                             |   |                             |                  |                                  |                  |
|-----------------------------|---|-----------------------------|------------------|----------------------------------|------------------|
| Policy No.                  | 5110295947  | Policyholder Name           | KWAN YUET SIONG  | Policyholder NRIC                | S1471303D        |
| Certificate No.             |   |                             |                  |                                  |                  |
| Address                     | BLK 816 #17-08 JELICOE ROAD LAVENDER GARDENS SINGAPORE 200816 |                             |                  |                                  |                  |
| Product Name                | PRIVATE CAR INSURANCE   | Plan                        |                  | Group Policy Flag                | N                |
| Policy issue Date           | 11/06/2019  | Effective Date              | 11/06/2019 00:00 | Expiry Date                      | 10/06/2020 23:59 |
| Excess Type                 | Per Accident  | All Claims Excess           |                  |                                  |                  |
| Third Party Excess          | 1500  | Own damage Excess           | 2000             | Windscreen Excess                | 100              |
| Additional Excess           | 0   | OS Premium                  | 0                |                                  |                  |
| Outside Singapore OD Excess | 2000  | Outside Singapore TP Excess | 1500             | Young/Inexperience Driver Excess |                  |
| Agent                       | ONE STOP INSURANCE AGENCY                                     | Agent Tel.                  | 67475667         | GST Flag                         | Y                |
| Co-insurance Flag           | No  |                             |                  |                                  |                  |
| Open Policy Info            |   |                             |                  |                                  |                  |
| Certificate Info            |   |                             |                  |                                  |                  |

 Policyholder Mailing Address

|           |                  |                       |                   |           |                  |
|-----------|------------------|-----------------------|-------------------|-----------|------------------|
| Address 1 | BLK 816 #17-08   | Address 2             | JELICOE ROAD      | Address 3 | LAVENDER GARDENS |
| Address 4 | SINGAPORE 200816 | Address Type          | Singapore address | Post Code | 200816           |
| Unit No.  |                  | Related Policy Number | 5110295947        |           |                  |

 Insured Object: SML845L

 Endorsements

| Sequence                              | Date of Endorsement | Endorsement Type | Endorsement Status | Endorsement Content |
|---------------------------------------|---------------------|------------------|--------------------|---------------------|
| <div>Continue</div> <div>Cancel</div> |                     |                  |                    |                     |

## Claim Handling

Exit

Accident MT/1056549

|                                   |   |                               |   |                      |                      |
|-----------------------------------|---|-------------------------------|---|----------------------|----------------------|
| Policy No.                        | S110295947  | Vehicle No.                   | SML845L   | GST Registration No. |                      |
| Certificate No.                   |   |                               |   |                      |                      |
| Policyholder Name                 | KWAN YUET SIONG   | Cover Type                    | Drive CLASSIC   | Policyholder NRIC    | S1471303D            |
| Product Code                      | PRIVATE CAR INSURANCE   | Contact No.(Office)           | 0   | Loading              | 0                    |
| Contact No.(Mobile)               | 86083083  | Special Remark                |   | Contact No.(Home)    | 0                    |
| Email Address                     |   | TCA                           | <input checked="" type="radio"/> No <input type="radio"/> Yes | eCode                | <input type="text"/> |
| KPK                               | <input checked="" type="radio"/> No <input type="radio"/> Yes | NCD Entitlement(%)            | 0   | eCode Reason         |                      |
| NCD Protection                    | No  |                               |   | Private Hire         | Yes                  |
| <b>Accident Details</b>           |   |                               |   |                      |                      |
| Report Date                       | 05/06/2019 19:47  | Accident Report Within 24 hrs | Yes   | Accident Type        | Side Swipe           |
| Date of Accident                  | 02/08/2019  | Time of Accident (hh:mm)      | 22:35   | Country of Accident  | Singapore            |
| Reporting Centre                  |   | Orange Force                  |   | ICM No.              |                      |
| Accident Location                 | SPRANGOOD RD SHELL EXIT                                       |                               |   |                      |                      |
| <b>Total Excess Applicable</b>    |   |                               |   |                      |                      |
| Excess Type                       | Per Accident  | Windscreen Excess             | 100.00  |                      |                      |
| OD Standard Excess                | 2,000.00  | TP Standard Excess            | 1,500.00  |                      |                      |
| YIED OD Excess                    | 0.00  | YIED TP Excess                | 0.00  | Driver is Covered?   | Covered              |
| Additional Excess                 | 0   |                               |   |                      |                      |
| Total OD Excess Applicable        | 2000.00   | Total TP Excess Applicable    | 1,500.00  |                      |                      |
| <b>Benefits</b>                   |   |                               |   |                      |                      |
| <b>GST Registered Information</b> |   |                               |   |                      |                      |
| GST Registered                    | No  | GST Registration Date         |   |                      |                      |
| GST Registration No.              |   | GST Status Verified           | Yes   |                      |                      |
| Modification History              |   |                               |   |                      |                      |

|   |   |                       |   |                        |                  |
|---|---|-----------------------|---|------------------------|------------------|
| <b>Policyholder Mailing Address</b>     |   |                       |   |                        |                  |
| Address 1                               | BLK S16 #17-08  | Address 2             | JELICOE ROAD  | Address 3              | LAVENDER GARDENS |
| Address 4                               | SINGAPORE 200816  | Address Type          | Singapore address   | Post Code              | 200816           |
| Unit No.                                |   | Related Policy Number | S110295947  |                        |                  |
| <b>OI Driver Info</b>                   |   |                       |   |                        |                  |
| Driver Name                             | KWAN YUET SIONG   | Driver Type           | Main Driver   | Driver DOB             | 27/02/1961       |
| Unnamed driver Name                     |   | Driver NRIC           | S1471303D   | Driving Experience     | 26               |
| Register Date of Driver License         | 26/03/1993  | Driver Age            | 58  | Contact No.(Home)      | 0                |
| Contact No.(Mobile)                     | 86083083  | Contact No.(Office)   | 0   | Address 3              | LAVENDER GARDENS |
| Address 1                               | BLK 816   | Address 2             | JELICOE ROAD  | Post Code              | 200816           |
| Address 4                               | SINGAPORE 200816  | Address Type          | Singapore address   |                        |                  |
| Unit No.                                | 17-08   |                       |   |                        |                  |
| Does he own a Singapore Registered car? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Driver Vehicle No.    |   | Driver Insurer Company |                  |
| <b>Declaration</b>                      |   |                       |   |                        |                  |
| 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            | KWAN YUET SIONG                  | Insured NRIC               | S1471303D        |
| Contact No.(Mobile)                                 | 97394076                         | Contact No.(Home)       | 62922055                         | Contact No.(Office)        |                  |
| Email Address                                       | JIMMYKWANYS@YAHOO.COM            | OT Vehicle Number       | SML845L                          | TP Vehicle Number          | G882217U         |
| Claimant Type Claimant Type *                       | Please Select                    | Type of Benefit *       | Please Select                    |                            |                  |
| Claimant Name *                                     |                                  | Claimant NRIC *         |                                  |                            |                  |
| Claimant Address                                    |                                  |                         |                                  |                            |                  |
| Claim Description                                   | SML845L / G882217U ON 2 Aug 2019 |                         |                                  |                            |                  |
| 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                                     | 05/08/2019 19:49                 | Claim Close Date        |                                  | Date Received              | 05/08/2019 00:00 |
| Report Taken By                                     | Jackson                          |                         |                                  |                            |                  |
| <input checked="" type="checkbox"/> Print AK letter |                                  |                         |                                  |                            |                  |

Save Submit

## Attachment

|                    |   |               |                  |
|--------------------|---|---------------|------------------|
| Accident No.       | MT/1056549  | Claim No.     | 001              |
| Last Doc. Received | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date   | 05/08/2019 19:50 |
| Path *             |   |               |                  |
| Browse...          | Clear   | Category *    | Please Select    |
|                    |   | Confidential  | No               |
|                    |   | Urgency *     | Normal           |
|                    |   | Description * |                  |

|  |                                      |  |                                  |                                     |                      |
|--|--------------------------------------|--|----------------------------------|-------------------------------------|----------------------|
| <input type="button" value="Browse..."/> | <input type="button" value="Clear"/> | <input type="text" value="Please Select"/> | <input type="text" value="N/A"/> | <input type="text" value="Normal"/> | <input type="text"/> |
| <input type="button" value="Browse..."/> | <input type="button" value="Clear"/> | <input type="text" value="Please Select"/> | <input type="text" value="N/A"/> | <input type="text" value="Normal"/> | <input type="text"/> |
| <input type="button" value="Browse..."/> | <input type="button" value="Clear"/> | <input type="text" value="Please Select"/> | <input type="text" value="N/A"/> | <input type="text" value="Normal"/> | <input type="text"/> |
| <input type="button" value="Browse..."/> | <input type="button" value="Clear"/> | <input type="text" value="Please Select"/> | <input type="text" value="N/A"/> | <input type="text" value="Normal"/> | <input type="text"/> |
| <input type="button" value="Browse..."/> | <input type="button" value="Clear"/> | <input type="text" value="Please Select"/> | <input type="text" value="N/A"/> | <input type="text" value="Normal"/> | <input type="text"/> |

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**Attachment List**

| Attachment | Uploaded By/Date  | Category              | Urgency | Description                    | Msg Sent? (CO) | Action               |
|------------|---|-----------------------|---------|--------------------------------|----------------|----------------------|
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 05 Aug 2019 19:50 | NRIC/ Driving License | Normal  | NRIC/ Driving License 2019-8-5 |                | <a href="#">Edit</a> |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 05 Aug 2019 19:50 | SAS                   | Normal  | SAS 2019-8-5                   |                | <a href="#">Edit</a> |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 05 Aug 2019 19:50 | Photos                | Normal  | Photos 2019-8-5                |                | <a href="#">Edit</a> |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 05 Aug 2019 19:50 | Photos                | Normal  | Photos 2019-8-5                |                | <a href="#">Edit</a> |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 05 Aug 2019 19:50 | Photos                | Normal  | Photos 2019-8-5                |                | <a href="#">Edit</a> |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 05 Aug 2019 19:50 | Photos                | Normal  | Photos 2019-8-5                |                | <a href="#">Edit</a> |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 05 Aug 2019 19:50 | Photos                | Normal  | Photos 2019-8-5                |                | <a href="#">Edit</a> |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 05 Aug 2019 19:50 | Photos                | Normal  | Photos 2019-8-5                |                | <a href="#">Edit</a> |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 05 Aug 2019 19:49 | Photos                | Normal  | Photos 2019-8-5                |                | <a href="#">Edit</a> |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 05 Aug 2019 19:49 | Photos                | Normal  | Photos 2019-8-5                |                | <a href="#">Edit</a> |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 05 Aug 2019 19:49 | Photos                | Normal  | Photos 2019-8-5                |                | <a href="#">Edit</a> |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 05 Aug 2019 19:49 | Photos                | Normal  | Photos 2019-8-5                |                | <a href="#">Edit</a> |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 05 Aug 2019 19:49 | Photos                | Normal  | Photos 2019-8-5                |                | <a href="#">Edit</a> |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 05 Aug 2019 19:49 | Photos                | Normal  | Photos 2019-8-5                |                | <a href="#">Edit</a> |

**Video List**

| Uploaded By/Date   | Folder Date | File Name | Source | Action |
|--|-------------|-----------|--------|--------|
| <input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/> |             |           |        |        |