

NATIONAL Assessment Centre Services. [ver 1 Jan'03] MNA119105739.

Date In: 13/8/19 17:42	Job description	Date & Time Completed	Done by
Ref No: NAI INC 19014030164	SAS e-filing		
Veh No: SKU 4877	E-mail (within 3hrs, AIC 2hrs)		
DOA: 10/8/19 17:00	I-Motor Claim Form	MT/1057453-001	13/8/19 19:32
OT: <input checked="" type="checkbox"/> Reporting 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/Wksn		

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

TP Particulars: Veh No: SLW 1071A 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 repolar.

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

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

Remarks: (INC 110011267086616)

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

2) QC Check / Post Repair Inspection ()

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

Injury: ()

Date/Time: ()

Actions: ()

Comments: ()

Signature: ()

Stamp: ()

Initials: ()

Notes: ()

NAI 1905895

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

And/or Comments:

Ref: ()

Invoice dated: () Fee Charged: ()

Invoice dated: () Fee Charged: ()

NAI 1905895

NAI 1905895

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	13/08/2019 17:42
Date Of Accident	10/08/2019 17:00
Exact Location Of Accident	PUNGGOL SETTLEMENT OPEN CARPARK(WITHOUT GANTRY)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKU4817T
Insured/Policyholder	
Name Of Registered Owner	FOO YEE SZE
NRIC No	S7502000G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93362609
Alternative Phone No	OFFICE-93362609

Vehicle Particulars

Manufacturer	HYUNDAI
Model	ELANTRA
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 CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5110412368
Cover Note Number	-

Driver

Name of Driver	FOO YEE SZE
NRIC No	S7502000G
Date Of Birth	22/01/1975
Occupation	OUTDOOR
Date Of Driving Pass	23/04/2001
Driving Experience	18 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-93362609
Fax Number	
Contact Number	OFFICE-93362609
Email Address	NOEMAIL

Address	BLK 6 FLORA RD #03-01
Postcode	509727
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	3
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	NAME: : UNKNOWN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	PUNGGOL N.P.C
Police Station Address	ROAD: 21A TEBING LANE , POSTCODE: 828837 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.F/20190810/2077

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	SLW1071A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time:

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



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

SKETCH PLAN

Please Refer to Sketch

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report

F1 2019 0810 12077

DECLARATION

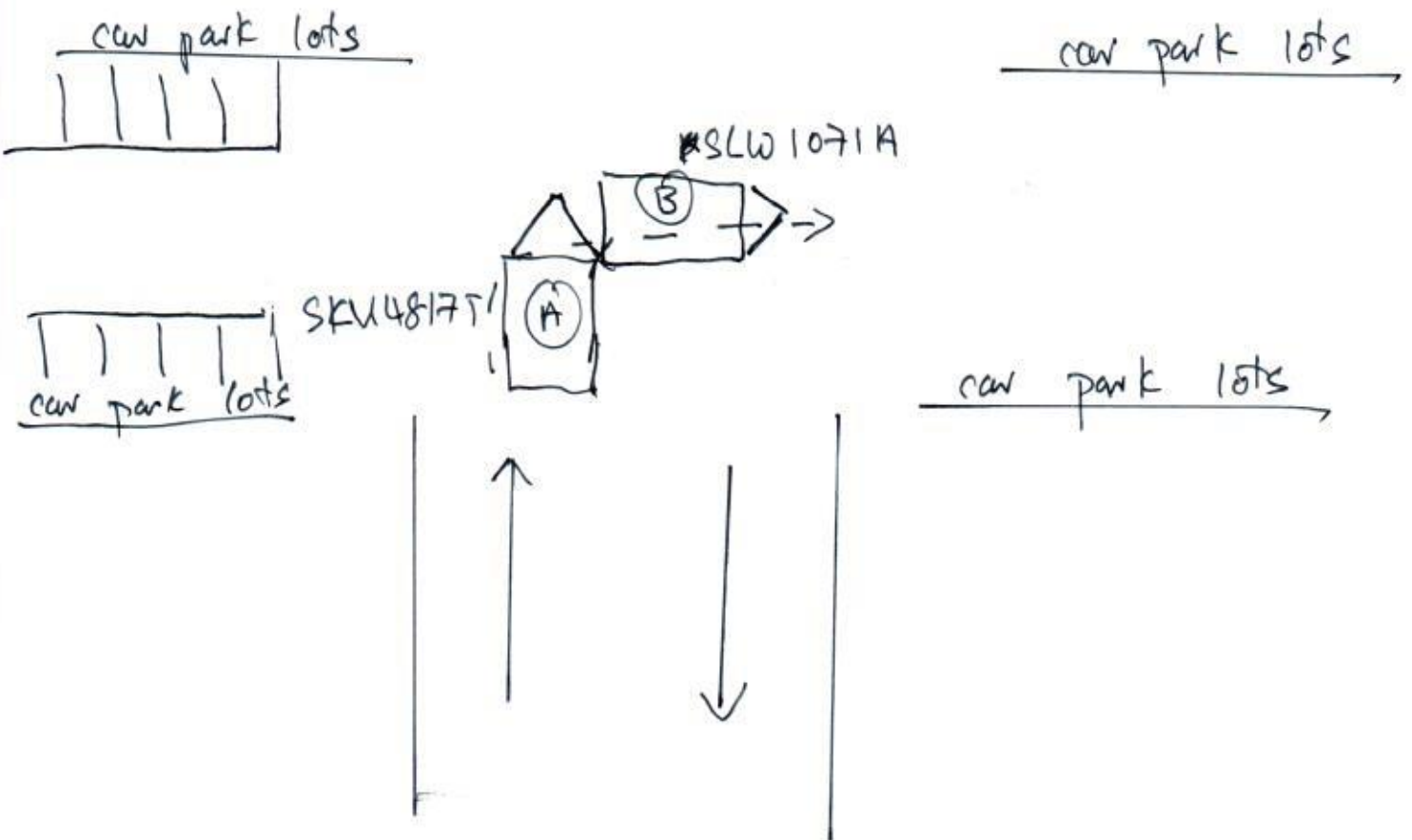
I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:

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

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

10/8/2019
17:00 PM
SKU 4817T
HP 93362609



Punggol Settlement Open Space Car Park
(without gantry)



**SINGAPORE
POLICE FORCE**



F/20190810/2077

1 of 2

POLICE REPORT (NP299)

Report No. F/20190810/2077

Police Station Of Origin
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

Date/Time Report Made 10/08/2019 20:46		Vide Report No.		Station Diary No. 55	
Name Of Informant FOO YEE SZE		Address APT BLK 6 FLORA ROAD #03-01 SINGAPORE 509727			
ID Type / ID No. NRIC NO / S7502000G		Contact No. Home/Office Mobile 93362609			
Nationality SINGAPORE CITIZEN		Email Address			
Occupation REAL ESTATE MANAGER		Sex Female	Age 44	Date of Birth 22/01/1975	Race Chinese
Institution/School Name		Language			
Date/Time Of Incident 10/08/2019 17:00		Location Of Incident 3 PUNGGOL POINT ROAD THE PUNGGOL SETTLEMENT SINGAPORE 828694 Carpark			

Brief details.

On the 10/08/2019 at around 1700hrs, I entered an open space carpark of Punggol settlement (the one without gantry). I was waiting for a parking lot and there is a car (SLW1071A, Toyota wish, Harjinder Singh S/O Joginder Singh, S7125159D, HP: 93890034) that was in front of my car as well. Subsequently, the car reverse and despite honking a few times, the car still reverse and hit onto the right front bumper of my vehicle. The damage of my vehicle are right headlight broken, deep scratches on the bumper, bumper is being budged out (These are visible but yet access by workshop to determine any damage to internal.)

Signature Of Officer Recording The Report: F / Sgt 2 GOH JUN JIE	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 10/08/2019 20:46
Officer In-Charge Of Case: F / Punggol N.P.C / Sgt 3 MUHAMMAD HANAFI BIN ROSLI Contact No.: 66049999	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



F/20190810/2077

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20190810/2077

I then exit from my vehicle and exchange particulars with the other party. None of us are injured.

My vehicle number is SKU4817T. I am making this report for recording and insurance purposes.

Signature Of Officer Recording The Report:

F / Sgt 2 GOH JUN JIE

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
F / Punggol N.P.C /
Sgt 3 MUHAMMAD HANAFI BIN ROSLI
Contact No.: 66049999

Authentication Stamp

Signature Of Informant:

Date/Time:
10/08/2019 20:46

Classification Of Case:

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **S7502000G**

Name: **FOO YEE SZE (HU YUSHI)**

Birth Date: **22 Jan 1975**

Issue Date: **03 Apr 2003**

000349565J

For LKK/NAC Use Only

8888 549 731 TEL: 6475 8888 KOMOTO MOTORS PTE. LTD.

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S7502000G**

Name: **FOO YEE SZE (HU YUSHI)**

胡玉诗

Race: **CHINESE**

Date of birth: **22-01-1975**

Sex: **F**

Country of birth: **SINGAPORE**

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: **23 Apr 2001**

MP 426A

License No: **S7502000G**

For LKK/NAC Use Only

3728654

HYUNDAI

NRIC No: **S7502000G**

Date of issue: **16-06-2005**

APT BLK 6 FLORA ROAD #03-01
SINGAPORE 509727

NRIC No: **S7502000G** Date: **05/07/2011** No: **6608593**

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"/>	5110412368		FOO YEE SIZE	S7502000G	GPC	drive CLASSIC	SKU4817T	SKU4817T	30/07/2019	29/07/2020

Claim Handling

Accident MT/1057453

Policy No.	5110412368	Vehicle No.	SKU4817T	GST Registration No.
Certificate No.				
Policyholder Name	FOO YEE SZE			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	93362609	Contact No.(Office)		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	Yes	NCD Entitlement(%)	50	Private Hire

▼ Accident Details

Report Date	13/08/2019 19:30	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	10/08/2019	Time of Accident hh:mm	17:00	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	PUNGGOL SETTLEMENT OPEN CARPARK(WITHOUT GANTRY)			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	600.00	TP Standard Excess	0.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?
Additional Excess	0			
Total OD Excess Applicable	600.00	Total TP Excess Applicable	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	6 FLORA ROAD	Address 2	#03-01 AZALEA PARK CONDOM	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5110412368	

▼ OI Driver Info

Driver Name	FOO YEE SZE	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S7502000G	Driver DOB
Register Date of Driver License	01/01/2001	Driver Age	44	Driving Experience
Contact No.(Mobile)	93362609	Contact No.(Office)		Contact No.(Home)
Address 1	6 FLORA ROAD	Address 2	#03-01 AZALEA PARK CONDOM	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	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	FOO YEE
Contact No.(Mobile)		Contact No.(Home)	
Email Address		OI Vehicle Number	SKU4817
Claim Description	SKU4817T / SLW1071A ON 10 Aug 2019		
Preferred Workshop	0	Insured Liability	Not at Fault
Repair Option	Preferred	Preferred Workshop, Name unknown	GIA report
Date Registered	13/08/2019 19:32	Claim Close Date	

Report Taken By

LIEW SHAN HUI

Print AK letter

Save

Submit


Attachment

Accident No.	MT/1057453	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	13/08/2019 19:32
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	Please Select ▼	NO ▼
Choose File No file chosen	Clear	Please Select ▼	NO ▼
Choose File No file chosen	Clear	Please Select ▼	NO ▼
Choose File No file chosen	Clear	Please Select ▼	NO ▼
Message Read			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Descr
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Aug 2019 19:32	NRIC/ Driving License	Normal	NRIC/ Driving Li
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Aug 2019 19:32	SAS	Normal	SAS 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Aug 2019 19:32	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Aug 2019 19:32	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Aug 2019 19:32	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Aug 2019 19:32	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Aug 2019 19:32	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Aug 2019 19:32	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Aug 2019 19:32	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Aug 2019 19:32	Photos	Normal	Photos 2

Video List

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