

NATIONAL Assessment Centre Services. (ver 1 Jan 2019) MNA 119135959.

Date In: 14/10/19 14:01	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref ID: NA/IMC19018040/64	E-mail (within 3hrs, A/C 2hrs)		
Ver ID: SLW 7970R	I-Motor Claim Form	MT/10 66734-001	14/10/19 14:27
IP: 10/10/19 19:40	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
IP: TP: Reporting Only	I-Photo Uploaded		
IP: IP: IP	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

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

IP Particulars:	Veh No: Pedestrian	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 repoker.

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

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

Remarks: (INC Hotline: 6748 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

NA 1907716	Invoice/Registration Charge	Am (\$)	Adj (\$)
Client's Particulars:	1) AR: Accident Reporting (\$30);	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claiming status (INC Only) (ver 10 Jan 2019)		
	6) TR: Re-inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	01:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idao Mobile \$0		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

ACCIDENT STATEMENT

Date Of Report	14/10/2019 14:01
Date Of Accident	10/10/2019 19:40
Exact Location Of Accident	JUNC OF TANJONG KATONG RD & THIAM SIEW AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLW7970R
Insured/Policyholder	
Name Of Registered Owner	ADEL CAR RENTAL & LEASING
Co Reg No	53323798W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-65381368

Vehicle Particulars

Manufacturer	BMW
Model	320i
Exact Purpose for which vehicle was being used at time of accident	GOING HOME
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5098559637-01
Cover Note Number	

Driver

Name of Driver	HIUW BON CHONG
NRIC No	S7776294I
Date Of Birth	25/04/1977
Occupation	OUTDOOR
Date Of Driving Pass	03/04/2000
Driving Experience	19 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81250066
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 1 HAIG RD #05-567
Postcode	430001
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLIDED INTO PEDESTRIAN
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	1
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JOO CHIAT NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: 267 ONAN ROAD , POSTCODE: 424773 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-3459999 - FAX NO: 64474181
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20191011/2052

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	SD CARD WITH TP
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	
Vehicle Make/Model/Colour	PEDESTRIAN
Details Of Properties	
Vehicle Category	NA/UNKNOWN
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 PEDESTRIAN

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

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.



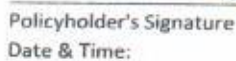
Policyholder's Signature
Date & Time:

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

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

REFER TO POLICE REPORT. T/20191011/2052

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



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

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



HS AUTOMOTIVES PTE LTD

Blk 2 KAKI BUKIT AVE 2 @ KAKI BUKIT AUTOHUB #02-25 SINGAPORE 417921.

TEL: 6538 1368 FAX: 6538 1367 Email add: hsaautomotivespl@gmail.com

VEHICLE NO: 8LW7970R MAKE/MODEL: BMW 320i

DATE OF ACCIDENT 10/19 2019 TIME 19 HR 20 MIN AM/PM

LOCATION OF ACCIDENT KATONH ROAD

EXACT PURPOSE USE DURING ACCIDENT GOING HOME

CAR OWNER

NAME OF CAR OWNER ADBL CAR RENTAL AND LEASING

CONTACT NO 533237980

NRIC 65381368

CLAIM TYPE ☐ OD ☐ THIRD PARTY ☒ REPORTING ONLY

INSURANCE COMPANY WTA

TYPE OF COVERAGE ☒ COMPREHENSIVE ☐ THIRD PARTY ☐ THIRD PARTY FIRE & THEFT

POLICY NO 5098359637-01

ACCIDENT DRIVER

NAME OF DRIVER HUW BON CHENG ☐ AS ABOVE ☐ IF NOT- KINDLY FILL IN BELOW

NRIC S7762947 NO OF PASSENGER/S ☐

DATE OF BIRTH 15-01-1977 (1)

OCCUPATION ☒ OUTDOOR ☐ INDOOR

DATE OF DRIVING PASS 03 04 2000

GENDER ☒ MALE ☐ FEMALE

CONTACT NO _____

ADDRESS BLK 1 HANG ROAD #05-567(8) 430001

DRIVER OWN ANY VEHICLE: NO/ IF YES- REGISTRATION NO _____

RELATIONSHIP EMPLOYEE/SPOUSE IF NOT: HUSB

WEATHER CONDITION ☒ CLEAR ☐ RAINING OTHER: _____

ROAD SURFACE ☒ DRY ☐ WET OTHER: _____

ANY INJURIES ☒ NO/ IF YES- NAME: _____

CONTACT NO _____

POLICE REPORT NO/ IF YES- LOCATION: _____

VIDEO FOOTAGE NO/ YES _____

3RD PARTY INFO

VEHICLE B NO _____ NO OF PASSENGER/S ☐

NAME _____

CONTACT NO _____

VEHICLE C NO _____ NO OF PASSENGER/S ☐

VEHICLE D NO _____ NO OF PASSENGER/S ☐

VEHICLE E NO _____ NO OF PASSENGER/S ☐

VEHICLE F NO _____ NO OF PASSENGER/S ☐

ANY WITNESS _____

WITNESS CONTACT NO _____



**SINGAPORE
POLICE FORCE**



T/20191011/2052

1 of 3

Police Station Of Origin:
Joo Chiat NPP
267 Onan Road SINGAPORE 424773
Tel No: 1800-3459999

Report No. T/20191011/2052

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/10/2019 12:41	Vide Report No.: G/20191010/0167	Station Diary No.: 13
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Informant's Particulars

Name of Informant: HIUW BON CHONG			Address: APT BLK 1 HAIG ROAD #05-567 SINGAPORE 430001	
ID Type / ID No.: NRIC NO / S7776294I			Contact No.: Home/Office:	Mobile: 81250066
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 42	Date of Birth: 25/04/1977	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: CONSTRUCTION			Driving Licence Information: Class: 2B,3	Date of Expiry:

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Pedestrian / Cyclist	Drink Drive: No	Date/Time of Accident: 10/10/2019 19:40	Type of Location: T-Junction
Location: Junction of Road 1 and Road 2 TANJONG KATONG ROAD THIAM SIEW AVENUE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Moving Vehicle Against - Pedestrian			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLW7970R	Car				No Damage	0



**SINGAPORE
POLICE FORCE**



T/20191011/2052

Police Station Of Origin:

Joo Chiat NPP

267 Onan Road SINGAPORE 424773

Tel No: 1800-3459999

2 of 3

Report No. T/20191011/2052

CONTINUATION OF REPORT

Brief Details.

I am the above mentioned person residing at the above mentioned address. I am driving a rental car from HS Automotive Services. The vehicle is a brown BMW bearing registration number SLW7970R.

On 10/10/2019 at about 1940hrs, I was driving the said car and intend to turn right from Thiam Siew Avenue onto Tanjong Katong Road (towards City Plaza). I had checked for oncoming vehicles from both sides and proceeded to make the right turn thereafter. As I was about to complete the right turn, I suddenly collided onto a pedestrian at the front right of my car. I noticed that the pedestrian fell on the road. The pedestrian was a female Chinese woman about 60 years old.

I then called for Ambulance and Traffic Police. The pedestrian was conveyed to hospital in a conscious state before Traffic Police arrival. I wish to state that the SD Card of my in-car camera was handed over to the Traffic Police officer.



**SINGAPORE
POLICE FORCE**



T/20191011/2052

3 of 3

Report No. T/20191011/2052

Police Station Of Origin:

Joo Chiat NPP

267 Onan Road SINGAPORE 424773

Tel No: 1800-3459999

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:

G /

Sgt 3 MUHAMMAD YOUSUF AKMAL BIN
MAHMOOD SHAH

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SSI 2 JUREMAH BINTE AHMAD

Contact No.: 65476219

Signature Of Informant:

Date/Time:

11/10/2019 12:41

Classification Of Case:

Authentication Stamp

NP168

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="10/10/2019 13:36"/>							
Vehicle No.(For Motor)	<input type="text" value="SLW7970R"/>	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"/>	5098559637-01		ADEL CAR RENTAL & LEASING	53323798W	GPC	Third Party, Fire & Theft	SLW7970R	SLW7970R	30/05/2019	29/05/2020
<input type="button" value="Continue"/>										

Claim Handling

Accident MT/1066734

Policy No.	5098559637-01	Vehicle No.	SLW7970R	GST Registration No.	
Certificate No.					
Policyholder Name	ADEL CAR RENTAL & LEASING			Policyholder NRIC	53323798W
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	65381368	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
MCD Protection	No	MCD Entitlement(%)	30	Private Hire	No

▼ Accident Details

Report Date	14/10/2019 14:23	Accident Report Within 24 hrs	Yes	Accident Type	Collided into Pedestrian
Date of Accident	10/10/2019	Time of Accident hh:mm	19:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNC OF TANJONG KATONG RD & THIAM SIEW AVE				

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	0.00		
OD Standard Excess	0.00	TP Standard Excess	1,500.00		
YIED OD Excess	500.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess					
Total OD Excess Applicable	500.00	Total TP Excess Applicable	1,500.00		

▼ Benefits

▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	14/10/2019 14:25:36 System changed GST Status Verified from No to Yes		

▼ Policyholder Mailing Address

Address 1	2 KAKI BUKIT AVENUE 2	Address 2	#02-25 KAKI BUKIT AUTOHUB	Address 3	SINGAPORE 417021
Address 4		Address Type	Singapore address	Post Code	417921
Unit No.	13-645	Related Policy Number	S103988660-01		

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	HUW BON CHONG	Driver NRIC	S7776294E	Driver DOB	25/04/1977
Register Date of Driver License	03/04/2000	Driver Age	42	Driving Experience	19
Contact No.(Mobile)	81250066	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 1 #05-567	Address 2	HAIG ROAD	Address 3	HAIG VIEW
Address 4	SINGAPORE 430001	Address Type	Singapore address	Post Code	430001
Unit No.	05-567				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

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

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	ADEL CAR RENTAL & LEASING	Insured NRIC	53323	
Contact No.(Mobile)	66794952	Contact No. (Home)		Contact No. (Office)	NIL	
Email Address		OI Vehicle Number	SLW7970R	TP Vehicle Number	PEDES	
Claim Description	SLW7970R / PEDESTRIAN ON 10 Oct 2019				Name of Preferred Workshop	0
Preferred Workshop	0	Insured Liability	Partially at Fault			
Finalisation	Yes	Repair Option	Preferred Workshop, Name unknown	GIA report	Received	
Date Registered		Claim Close Date	14/10/2019 14:26	Date Received	14/10/	
Report Taken By	JIEW SHAN HUI					

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1066734	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	14/10/2019 14:27
Path *			
Choose File	No file chosen	Category *	Please Select
Choose File	No file chosen	Confidential	NO
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Message Read			

▼ Attachment List

2/2