

# NATIONAL Assessment Centre Services.

(ver 1 Jan 2003)

19/11/2019

Date In: 13/11/2019 10:34	Job description	Date & Time Completed	Done by
Ref No: XBA/M8619020100/Y	SAS e-filing		
Veh No: SBN 155C	E-mail (to John Hise, AIC Hise)		
D.O.A: 09/11/2019 21:00	I-Motor Claim Form		
OD: TP / 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/Witsp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SKJ190E	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 ( )	

( ) 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: ( )

1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Injury: \_\_\_\_\_

Date:	Time:

Driver/Owner:	1) All: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)	
Damaged Portion:	3) TP: Towing Fee \$40/\$45	
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120	
	5) PT: Follow-Through Survey (Resurvey) \$30	
	For claiming against INC Only (ver 10 Jan 2003)	
	6) TR: Re-inspection \$75	
	7) NI: Idas DA + EMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	*N1: Courtesy Car / Tpt Allowance \$3	
	*N6: Repairs Co-ordination \$10	
	*N7: Post Repair Inspection \$25	
	*N8: DV / Collect Excess Coordination \$3	
	TP (NI) / TP (Non INC) against INC \$10	
	9) N12: Idas 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	13/11/2019 10:34
Date Of Accident	09/11/2019 21:00
Exact Location Of Accident	THOMSON ROAD TOWARDS NOVENA
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBN1515C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	O'CONNOR PAULINE TERESA
NRIC No	S1200063D
Email Address	ALEXYEOSY@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96379991
Alternative Phone No	OTHERS-88923995

### Vehicle Particulars

Manufacturer	LEXUS
Model	IS250
Exact Purpose for which vehicle was being used at time of accident	VISITING RELATIVE
Are you claiming under your own insurance policy for repair to your vehicle?	YES

If No, Please state action to be taken

Vehicle Category	PRIVATE CAR
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### Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A 29110339 QMX
Cover Note Number	

### Driver

Name of Driver	ALEXANDER YEO SI YUAN
NRIC No	S9227328H
Date Of Birth	01/08/1992
Occupation	INDOOR
Date Of Driving Pass	14/08/2012
Driving Experience	7 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96379991
Fax Number	
Contact Number	OTHERS-88923995
Email Address	ALEXYEOSY@GMAIL.COM

Address	35 MOUNT SINAI RISE #11-01
Postcode	276955
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	4
Passenger 1	NAME: : GRAND MOTHER GENDER: : FEMALE
Passenger 2	NAME: : HELPER GENDER: : FEMALE
Passenger 3	NAME: : COUSIN GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CLEMENTI NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: NO. 20 CLEMENTI AVENUE 5, POSTCODE: 129858, COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8729999 - FAX NO: 67748639
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT D/20191110/7002

#### 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	SKJ590E
Vehicle Make/Model/Colour	BMW 523i

Details Of Properties

Vehicle Category	PRIVATE CAR
Name of Driver	MR. NG KEE HENG
NRIC/Passport Number	S8138676E
Contact Number	87783000
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	3
Passenger 1	NAME: : GENDER: :
Passenger 2	NAME: : GENDER: :



## 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: 12/11/19

15:42



Driver's Signature  
(If driver is not the policyholder)

Date & Time: 12/11/19

15:42



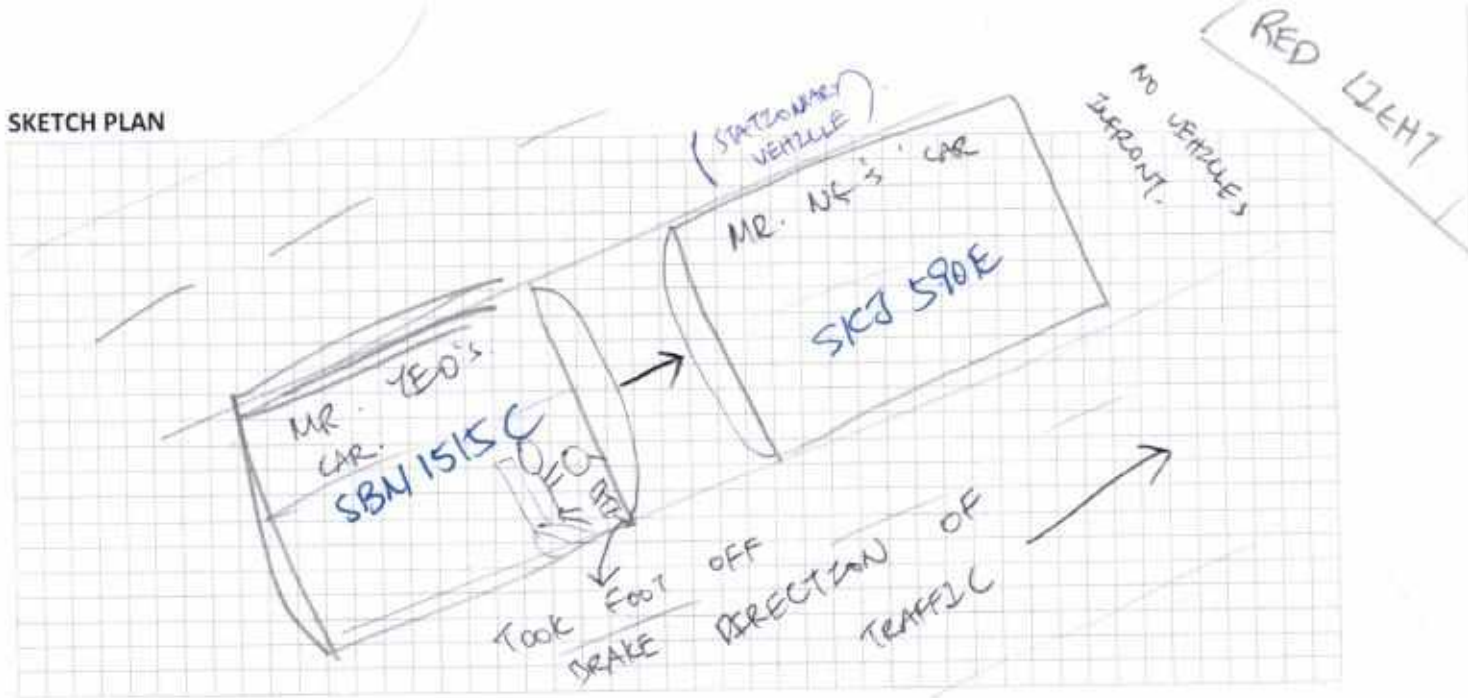
13/11/2019

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per police report D/20191110/7002

### DECLARATION

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

*[Signature]*

Policyholder's Signature

Date & Time: 12/11/19

15:38

*[Signature]*

Driver's Signature

(If driver is not the policyholder)

Date & Time: 12/11/19

15:38

*[Signature]* 12/11/2019  
*[Signature]*

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:





POLICE REPORT (NP299)

Report No. D/20191110/7002

Police Station Of Origin  
Clementi Division HQ  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No:1800-7740000

Date/Time Report Made 10/11/2019 00:33	Vide Report No.	Station Diary No.
Name Of Informant ALEXANDER YEO SI YUAN	Address 35 MOUNT SINAI RISE #11-01 SINGAPORE 276955	
ID Type / ID No. NRIC NO / S9227328H	Contact No. Home/Office:	Mobile: 88923995
Nationality SINGAPORE CITIZEN	Email Address alexyeosy@gmail.com	
Occupation Doctor awaiting SMC registration	Sex Male	Age 27
Institution/School Name	Date of Birth 01/08/1992	Race Chinese
Date/Time Of Incident 09/11/2019 21:00 - 09/11/2019 21:15	Language English	
	Location Of Incident 35 MOUNT SINAI RISE #11-01 SINGAPORE 276955	

### Brief details.

To whom it may concern,

I would like to file a police report regarding a car accident that occurred on the evening of 09/11/19 around 2100 hrs along Thompson road after Far East Flora (approximately at the location of 565 Thompson road). I was stopped at a red light when I mistakenly took my foot off the brake, resulting in a minor collision involving the vehicle in front of me which was being driven by Mr. Ng Kee Heng (Lawrence Ng). The light was still red when the collision occurred.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 10/11/2019 00:33
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE  
POLICE FORCE**



D/20191110/7002

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**POLICE REPORT (NP299)**

**CONTINUATION OF REPORT**

Report No. D/20191110/7002

We both turned on our hazard lights and exited our vehicles to assess the damages and to ensure no one was hurt. Mr Ng had two young children in the car who were visibly unharmed and talking amongst themselves. They were not in shock or in any way hurt. They had no injuries and were not complaining of any pain. I had my paternal grandmother (Mdm Lim Siow San), her live-in helper, and my paternal first cousin (Mr. Sidne Yeo) in the car with me who were also unharmed. Mr. Ng and I were also unharmed.

Upon visual inspection, there is some minor warping of my license plate and some minor dents to the front bumper of my vehicle. On Mr Ng's car, there again appears to be some minor rear bumper indentations and scratches but no major dents and certainly nothing to suggest a high-impact collision.

Following the accident, Mr Ng claimed his car would not move off. My cousin (Sidne Yeo) entered his vehicle and noted that the gear was in neutral. He restarted his engine and was able to mobilise the vehicle in both drive and reverse gears normally. We exchanged details and drove off separately.

We will likely be sorting this out through insurance claims given the nature of the damage to Mr. Ng's bodywork, however I am making this police report as Mr. Ng has been in contact with me making claims that his car is suffering from various mechanical/technical faults, such as a faulty passenger restraint system and being unable to mobilise following the incident, which I believe to be incredibly unlikely due to the accident given the minor extent of the collision.

The car I was driving is a Lexus IS250 with the license plate number SBN1515C and is my mother's car (Teresa O'Connor). Mr Ng's license plate number is SJK590E and he drives a white BMW 5 series.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 10/11/2019 00:33
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	





**SINGAPORE  
POLICE FORCE**



D/20191110/7002

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20191110/7002

Mr. Sidne Yeo (NRIC S9049808H), who was in the car with me, is happy to be a witness to the events above.

Please see attached pictures.

Thank you very much.

Best regards,  
Alexander Yeo

Subjects Involved			
Victim			
Person Name	ALEXANDER YEO SI YUAN		
ID Type	NRIC NO	ID No	S9227328H
Gender	Male	Age	27
Race	Chinese	Language	English
Occupation	Doctor awaiting SMC registration	Address Type	
Address	35 MOUNT SINAI RISE #11-01 SINGAPORE 276955	Mobile No	88923995
Is Informant A Victim?	Yes		
Person Name	ALEXANDER YEO SI YUAN (Informant)		

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

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

Date/Time:

10/11/2019 00:33

Classification Of Case:

unit for photos

## ACCIDENT STATEMENT

ACCIDENT DATE: (07/11/2019) (DD/MM/YYYY), TIME: (21:00) (HH:MM)

LOCATION: Thompson Road in direction of Novena, approx. 565 Thompson Rd

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SW1515C  
b) INSURANCE COMPANY: MSZ  
c) POLICY NUMBER: A29110339 QMX  
d) POLICY TYPE: (COMPREHENSIVE) / THIRD PARTY / THIRD PARTY FIRE & THEFT  
e) MAKE & MODEL: LEXUS IS250  
f) TYPE: (SALOON) / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS  
g) VEHICLE CATEGORY: (PRIVATE) / COMMERCIAL / MOTORCYCLE  
h) PURPOSE OF USING AT ACCIDENT TIME: VISITING RELATIVES  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

### 2. INSURED / POLICY HOLDER

- a) NAME: TERESA O'CONNOR (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S1200063D CONTACT: 96379971  
c) ADDRESS: 35 MOUNT SUIZ R2SE X11-01  
SINGAPORE 276955

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: ALEXANDER YEO (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S9227328H CONTACT: 88923496  
c) ADDRESS: 35 MOUNT SUIZ R2SE X11-01  
SINGAPORE 276955

\* d) DATE OF BIRTH: (01/08/1992) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR) / OUTDOOR

f) DATE OF DRIVING PASS: 14/08/2012

### 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: SON

### 5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS WZAT TIME)

b) ROAD SURFACE: (DRY) / WET / OTHERS

### 6. WAS ANYBODY INJURED (YES/NO)

### 7. a) REPORTED TO POLICE (YES/NO)

IF YES, PLEASE STATE WHICH POLICE STATION: CLEMENT2 DRU HQ

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SKJ590F MODEL: BMW 523i  
b) DRIVER'S NAME: MR. NG KEE HENG  
c) NRIC/FIN/PASSPORT: S8138676E CONTACT: 87783000

### 9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: \_\_\_\_\_  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

Grand m m  
Hauphr F  
Coadm m

\* No of passengers  
(including driver)  
(4)

\* No of passengers  
(including driver)  
(3)

\* No of passengers  
(including driver)  
( )

email = alex.yeo.sy@gmail.com  
VIDEO



**MOTOR MAX**
**THE SCHEDULE**

Policy Number	Period of Insurance	Place of Issue
A 29110339 QMX	29/01/2019 to 28/01/2020	SINGAPORE
Name and Address of Insured		Date of Issue
Pauline Teresa O'Connor 35 Mount Sinai Rise #11-01 Village Tower Singapore 276955		07/12/2018
		Account Number
		1A0402
Premium	GST	Total Due
SGD938.53	SGD65.70	SGD1,004.23

**RISK NUMBER 1**
**MOTORMAX**
**OCCUPATION**

Lawyer

**SCOPE OF COVER** Comprehensive

**INTEREST INSURED**

**REGISTRATION NO.** SBN1515C  
**MAKE/MODEL** Lexus IS250 AUTO STD FL  
**ENGINE NUMBER** 4GR0629213  
**CHASSIS NUMBER** JTHBK262X05116685  
**YEAR OF MFG** 2010  
**CAPACITY** 2500 C.C.  
**SEATING CAPACITY** 5 (INCL. DRIVER)  
**WINDSCREEN** UNLIMITED

**SUM INSURED** MARKET VALUE  
**INCL. COE/PARF** YES  
**OFF-PEAK CAR** NO  
**NO CLAIM DISCOUNT** 50.00% (or F/D)  
**GOOD DRIVER'S DISCOUNT** SGD49.40  
**NCD PROTECTOR** NOT COVERED  
**EXCESS** SGD1,000  
**ANNUAL PREMIUM** SGD938.53

**ACCESSORIES** Aircon, radio/cassette/compact disc player, in-vehicle unit, rust-proofing and other accessories that are factory fitted.

**AUTHORISED DRIVERS**

Pauline Teresa O'Connor  
 Any other person provided he is driving on the Insured's order or with the Insured's permission.

**LIMITATION AS TO USE**