

# NATIONAL Assessment Centre Services.

[ver 1 Jan 00]

MA419164370

Date In: 13/12/2019 17:14	Job description	Date & Time Completed	Done by
Ref No: 13/12/2019/9022024/4	SAS e-filing		
Veh No: FBH 735 J	E-mail (Within 2hrs, A/C 2hrs)		
D.O.A: 13/12/2019 22:30	I-Motor Claim Form	www1075055-001	13/12/2019 17:38
QID TP Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SMD 4576D	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 repolar.
( ) 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: ( )
Driver/Owner: ( )
Contact No: ( )
Damaged Portion: ( )
QC Checked by (Engr-In-Charge): ( )

NA/909464

Invoice No	Invoice Date	Invoice Time	Invoice Amount	Invoice Status
1) AR: Accident Reporting (\$30)				
2) DA: Damage Assessment (\$100)				
3) TP: Towing Fee			\$40/\$45	
4) PT: Follow-Through Survey			\$120	
5) PT: Follow-Through Survey (Resurvey)			\$30	
6) TR: Re-inspection			\$75	
7) NI: Idao DA + SMRT Survey			\$160	
8) NTUC Additional Services:				
ON:				
*NS: Courtesy Car / Tpl Allowance			\$5	
*NG: Repairs Co-ordination			\$10	
*N/C: Post Repair Inspection			\$25	
*ND: DV / Collect Excess Coordination			\$5	
TP (Nil): TP (Nil INC) against INC			\$20	
NI: Idao Mobile			\$30	
Invoice dated				
Invoice dated				

Fee Charged  
Fee Charged

MA419164370



## 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	13/12/2019 17:14
Date Of Accident	12/12/2019 22:30
Exact Location Of Accident	COMMONWEALTH AVE NEXT TO COMMONWEALTH MRT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBA735J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SUM POO HAI (CEN FUHAI)
NRIC No	S8003925E
Email Address	SUMPOOHAI@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97517225
Alternative Phone No	OTHERS-97517225

### Vehicle Particulars

Manufacturer	YAMAHA
Model	XMAX 300-292CC
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	MOTORCYCLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5113122218
Cover Note Number	

### Driver

Name of Driver	SUM POO HAI (CEN FUHAI)
NRIC No	S8003925E
Date Of Birth	23/01/1980
Occupation	INDOOR
Date Of Driving Pass	25/05/2004
Driving Experience	15 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97517225
Fax Number	
Contact Number	OTHERS-97517225
Email Address	SUMPOOHAI@GMAIL.COM

Address	BLK 110 COMMONWEALTH CRESCENT #04-284
Postcode	140110
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	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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	QUEENSTOWN N.P.C
Police Station Address	ROAD: 3 QUEENSWAY #01-03 , POSTCODE: 149073 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4719999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20191213/2095

#### 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	SMD4576D
Vehicle Make/Model/Colour	MITSUBISHI
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHUA YEN LING
NRIC/Passport Number	S7538530G
Contact Number	93862779
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: 13/12/19 1640

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

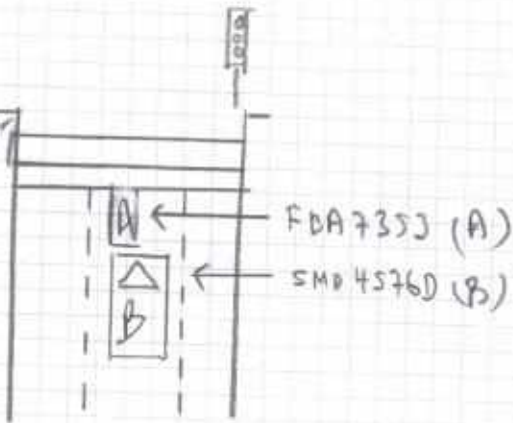
Name:

NRIC/FIN No.:



# SKETCH PLAN

COMMONWEALTH AVE  
NEXT TO COMMONWEALTH MRT  
TOWARDS POTHILL.



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO POLICE REPORT 7/2019/12/13/2095

## DECLARATION

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

Policyholder's Signature  
Date & Time: 13/12/19 1640

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

Reporting Centre Personnel's Signature  
Name: Keshu Mathan  
NRIC/FIN No.: 13/12/2019

# ACCIDENT STATEMENT

ACCIDENT DATE: (12 / 12 / 2019) (DD/MM/YYYY), TIME: (22 : 30) (HH:MM)

LOCATION: Commonwealth Ave next to commonwealth MRT toward Redhill direction

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBA735J  
 b) INSURANCE COMPANY: NIUC  
 c) POLICY NUMBER: 511312218  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: Yamaha Xmax 300  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: Private use  
 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: SUM POO HAI (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S8003925 CONTACT: 97517225  
 c) ADDRESS: BLK 110 Commonwealth Crescent #04-284 S140110

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

## DRIVER

- a) NAME: AS ABOVE (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: AS ABOVE CONTACT: AS ABOVE  
 c) ADDRESS: AS ABOVE

\* d) DATE OF BIRTH: (23 / 01 / 1980) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 25 May 2004

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)  
 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: Queenstown N.P.C

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SMD4576D MODEL: Mitsubishi  
 b) DRIVER'S NAME: Chua Yee Ling  
 c) NRIC/FIN/PASSPORT: S75385304 CONTACT: 93862729

## 9. THIRD PARTY VEHICLE

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

Email = sumpoochai@gmail.com

VIDEO





# SINGAPORE POLICE FORCE



T/20191213/2095

1 of 3

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

Report No: T/20191213/2095

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 13/12/2019 15:48	Vide Report No.:	Station Diary No.: 21
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<b>Informant's Particulars</b>			
Name of Informant: SUM POO HAI		Address: APT BLK 110 COMMONWEALTH CRESCENT #04-284 SINGAPORE 140110	
ID Type / ID No.: NRIC NO / S8003925E		Contact No.: Home/Office: Mobile: 97517225	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 39	Date of Birth: 23/01/1980	Type of Informant: Rider
Race: Chinese		Language: English	Institution / School Name:
Occupation: Bus Driver Trainer		Driving Licence Information: Class: 2A,3,4,5 Date of Expiry:	

<b>General Information of the Accident</b>				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 12/12/2019 22:30	Type of Location: Straight Road
Location: Along Road 1 COMMONWEALTH AVENUE next to Commonwealth MRT Station, towards Redhill direction, at the Pedestrian Crossing Traffic Light				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBA735J	Motorcycle	YAMAHA	CZD300A / XMAX300	Black	Slightly Damaged	0
SMD4576D	Car				Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBA735J	NTUC Income Insurance Co-Operative Limited	5113122218	04/10/2019	02/10/2020





**SINGAPORE  
POLICE FORCE**



T/20191213/2095

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

2 of 3

Report No. T/20191213/2095

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	SUM POO HAI	ID No.	S8003925E
Related Vehicle	FBA735J (Motorcycle)	Contact No.	97517225
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2A,3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	CHUA YEN LING	ID No.	S7538530G
Related Vehicle	SMD4576D (Car)	Contact No.	93862779
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On the 12/12/2019 @ 2230hrs while I was travelling at the a/m location, at the traffic light and was red, and I was waiting for the light to turn green. After awhile, the light turned green, and before I can even move off, the said vehicle at the back collided onto my motorcycle. We have exchanged for particulars and arranged to make a private settlement on the following day. However, today while I was trying to contact her and she was not responding clearly to me on the private settlement, thus I make this accident report. The damage to my motorcycle is the number plate and mud guard, as well as the side reflector.



**SINGAPORE  
POLICE FORCE**



T/20191213/2095

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

3 of 3

Report No. T/20191213/2095

**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:

D /

Staff Sgt YIP KUM HOONG

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Signature Of Informant:

Date/Time:

13/12/2019 15:48

Classification Of Case:

Authentication Stamp

NP168



Hello, NAC\_BUKIT\_MERAH\_800676

[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="12/12/2019 16:45"/>
Vehicle No. (For Motor)	<input type="text" value="FBA735J"/>	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"/>	5113122218		SUM POO HAI	58003925E	GMC	Comprehensive	FBA735J	FBA735J	04/10/2019	02/10/2020