

NATIONAL Assessment Centre Services. [wef 1 Jan 2003]

MMA 119170628

Date In: 28/12/19 11:14	Job description: SAS e-Ming	Date & Time Completed:	Done by:
Ref ID: MAL INC 1902281164	E-mail (within 3hrs, AIC 2hrs)		
Ref ID: SLE 3373K	i-Motor Claim Form	M7/1077560 ⁰⁰¹	28/12/19 15:04
Date Out: 27/12/19 21:30	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
Ref ID: 0 / Reporting Only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel: (	Fax: (
TP Particulars:	Veh No: SMK 6114D.	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 1101116616)	Date: (	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 2000024	Invoice Preparation Guidelines
Comments Particulars:	1) AR: Accident Reporting (\$30); 30.00
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$50)
Contact No:	3) TP: Towing Fee \$40/\$45
Damaged Portion:	4) FT: Follow-Through Survey \$120
QC Checked by (Bugr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30
Auditors Comments:	For claiming against INC Only (wef 10 Jan 2003)
	6) TR: Re-inspection \$75
	7) NI: Idas DA + SMRT Survey \$160
	8) NTUC Additional Services:
	ON:
	*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: 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	28/12/2019 11:14
Date Of Accident	27/12/2019 21:30
Exact Location Of Accident	CHIA ENG SAY RD (396 UPP BUKIT TIMAH RD)
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLE3373K
Insured/Policyholder	
Name Of Registered Owner	CAR EMPIRE LEASING PTE LTD.
Co Reg No	2XXXXX518K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96313775
Vehicle Particulars	
Manufacturer	TOYOTA
Model	SIENTA
Exact Purpose for which vehicle was being used at time of accident	PARKED
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	5111556832
Cover Note Number	
Driver	
Name of Driver	JASON LIM ZHI QIAN (JASON LIN ZHIQIAN)
NRIC No	SXXXX819F
Date Of Birth	26/09/1980
Occupation	INDOOR
Date Of Driving Pass	13/07/2001
Driving Experience	18 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97461289
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 288F BUKIT BATOK ST 25 #02-90
Postcode	655288
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	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)	0

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT BATOK NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 21 BUKIT BATOK EAST AVE 4 , POSTCODE: 659840 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-6659999 - FAX NO: 66655793
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20191227/2191

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 Witness 1

Name	PRAKASH
Phone Number	97765088
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMK6114D
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


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1. Please report correctly the details of the accident to speed up the claims process.
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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.:

A = SLE 3373 K

B = SMK 6114 D

Chia Eng Say Rd (396 Upper Et Timorh Rd)

Refer to Police Report T/20191227/2191

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

holder's Signature



[Signature]



SINGAPORE POLICE FORCE



T/20191227/2191

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

1 of 3

Report No. T/20191227/2191

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/12/2019 22:56		Vide Report No.:		Station Diary No.: 186	
Informant's Particulars					
Name of Informant: JASON LIM ZHI QIAN			Address: APT BLK 288F BUKIT BATOK STREET 25 #02-90 SINGAPORE 655288		
ID Type / ID No.: NRIC NO / S8029819F			Contact No.: Home/Office: Mobile: 97461289		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 39	Date of Birth: 26/09/1980	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: Bank executive		Driving Licence Information: Class: 3		Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 27/12/2019 21:30	Type of Location: Straight Road
Location: Along Road 1 UPPER BUKIT TIMAH ROAD 396 Upper Bt Timah Rd, The Rail Mall				
Weather: Clear	Road Surface: Dry		Road Speed Limit: 50 Km/h	
Traffic Flow: Two Way	Traffic Control: Not Controlled		Traffic Volume: Light	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLE3373K	Car	TOYOTA	SIENTA	Red	Slightly Damaged	0
SMK6114D	Car	MERCEDES BENZ	GLC	Black		0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20191227/2191

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

Report No. T/20191227

CONTINUATION OF REPORT

Driver			
Name	JASON LIM ZHI QIAN	ID No.	S8029819F
Related Vehicle	SLE3373K (Car)	Contact No.	97461289
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 27/12/2019 at about 2130hrs, I parked my vehicle with the hazard lights on;

V1) One red Toyota Sienta reg no SLE3373K

at along the small road beside Springleaf Prata located at 396 Upp Bt Timah Rd, The Rail Mall. I then went to purchase food over at the mentioned place briefly. On the same day at about 2155hrs, I returned back to V1 and there was one male namely;

A1) Prakash S8944137D HP: 97765088

whom approached me and informed that earlier on, V1 was involved in a hit and run and that he had witnessed it. There was another vehicle;

V2) One black GLC Mercedes Benz SMK6114D

had hit onto the left front headlights and bumper. V2's driver, one male Chinese, alighted and made a check however went back into his V2 and drove away. The driver did not leave behind any note. A1 took a photo of V2 before he drove off as he observed that V2's driver did not leave behind any note. There were other witnesses as well whom also informed me the same facts as what A1 told me.

A1 willing to be a witness and provided me his details. My vehicle is not armed with any in car camera. I am not sure if there is any CCTV armed at the vicinity.



**SINGAPORE
POLICE FORCE**



T/20191227/2191

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

3 of 3

Report No. T/20191227/2191

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:

J /
Sr Staff Sgt MOHAMAD FARRHAN BIN
SULHAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / HRT /
SI KALESWARI PALANI
Contact No.: 65476902

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

27/12/2019 22:56

Classification Of Case:

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)**Policy Query**

Policy No.	<input type="text" value="5111556832"/>	Date of Accident	<input type="text" value="27/12/2019 11:05"/>
Vehicle No.(For Motor)	<input type="text" value="SLE3373K"/>	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"/>	5111556832	5111556832-000034	CAR EMPIRE LEASING PTE LTD,	201819518K	GFM	drivo CLASSIC	SLE3373K	SLE3373K	10/10/2019	25/07/2020

Claim Handling

Accident MT/1077560

Policy No.	5111556832	Vehicle No.	SLE3373K	GST Registration No.	
Certificate No.	5111556832-000034				
Policyholder Name	CAR EMPIRE LEASING PTE LTD.			Policyholder NRIC	201819518K
Product Code	FLEET MASTER INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	96313775	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
Accident Details					
Report Date	28/12/2019 15:01	Accident Report Within 24 hrs	Yes	Accident Type	Damaged whilst parked
Date of Accident	27/12/2019	Time of Accident hh:mm	21:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CHIA ENG SAY RD (396 UPP BUKIT TIMAH RD)				
Total Excess Applicable					
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					
Total OD Excess Applicable	2000.00	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	28/12/2019 15:03:03 System changed GST Status Verified from No to Yes				
Policyholder Mailing Address					
Address 1	33 UBI AVENUE 3	Address 2	#01-74 VERTEX	Address 3	SINGAPORE 408868
Address 4		Address Type	Singapore address	Post Code	408868
Unit No.	01-74	Related Policy Number	5111560578		
01 Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	JASON LIM ZHI QIAN (JASON LI	Driver NRIC	SXXXX819F	Driver DOB	26/09/1980
Register Date of Driver License	13/07/2001	Driver Age	39	Driving Experience	18
Contact No.(Mobile)	97461289	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 288F #02-90	Address 2	BUKIT BATOK STREET 25	Address 3	NATURE VIEW
Address 4	SINGAPORE 655288	Address Type	Singapore address	Post Code	655288
Unit No.	02-90				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No		
Modification History					













Claim 001 New

Claim Type *	OD-MX	Insured Name	CAR EMPIRE LEASING PTE LTD.	Insured NRIC	201811
Contact No.(Mobile)		Contact No. (Home)	NIL	Contact No. (Office)	NIL
Email Address		OS Vehicle Number	SLE3373K	TP Vehicle Number	SMK61
Claim Description	SLE3373K / SMK6114D ON 27 Dec 2019			Name of Preferred Workshop	0
Preferred Workshop	0	Insured Liability	Not at Fault		
Repair No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	28/12/2019 15:03	Claim Close Date		Date Received	28/12/
Report Taken By	JIEW SHAN HUI				
Print AK letter					
Save Submit					

Attachment

Accident No.	MT/1077560	Claim No.	001
Last Doc. Received	* Yes No	Upload Date	28/12/2019 15:04
Path *			
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Message Read			
Attachment List			

Category *	Confidential	Urgency *	Desc.
Please Select	NO	Normal	
Please Select	NO	Normal	
Please Select	NO	Normal	
Please Select	NO	Normal	
Please Select	NO	Normal	
Please Select	NO	Normal	
Please Select	NO	Normal	

Attachment	Uploaded By/Date	Category	Urgency	Description	File
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Dec 2019 15:04	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2019-12-28	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Dec 2019 15:04	SAS	Normal	SAS 2019-12-28	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Dec 2019 15:04	Photos	Normal	Photos 2019-12-28	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Dec 2019 15:04	Photos	Normal	Photos 2019-12-28	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Dec 2019 15:04	Photos	Normal	Photos 2019-12-28	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Dec 2019 15:04	Photos	Normal	Photos 2019-12-28	
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Dec 2019 15:03	Photos	Normal	Photos 2019-12-28	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Dec 2019 15:03	Photos	Normal	Photos 2019-12-28	
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Dec 2019 15:03	Photos	Normal	Photos 2019-12-28	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Dec 2019 15:03	Photos	Normal	Photos 2019-12-28	
Video List					
Uploaded By/Date	Folder Date	File Name	Source		
		Display in New Window	Scan and uploading		