

NATIONAL Assessment Centre Services (w/tp - Jan 20)

Date In: 30/1/20	Job description: SAS e-filing ✓	Date & Time Completed:	Done by:
Ref No: N/A/INC 2000 1603/T	E-mail (w. chg. Blks, A/C 2hrs):		
Veh No: SLC 2169B	i-Motor Claim Form ✓: MT/1082357-001		
D O A: 30/01/20	i-Motor W/O (Within: 0J) 2hrs, TP 4hrs:		
OD: <input checked="" type="checkbox"/> 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: 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%; F: 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 () / Towel-In (); Invoice: YES () / NO (); Towing Co. ()

Remarks:- (INC hotline: 6788 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

NA2001667		Invoice Preparation Checklist		Amt (\$) Est Bill	Amt (\$) Add Bill
Claimant's Particulars :-		1) AR : Accident Reporting (\$30);			
Driver/Owner:		2) DA : Damage Assessment (\$100); INC (\$80)			
Contact No:		3) TF : 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 against INC Only (wef 10 Jan 2005)			
Att. 1:		6) TR : Re-inspection \$75			
Att. 2 / 3:		7) N1 : Idac DA + SMRT Survey \$160			
		8) NTUC Additional Services:-			
		Q1*			
		*N5: Courtesy Car / Tpl 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: Idac Mobile 30			
		Invoice date:	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	30/01/2020 13:58
Date Of Accident	30/01/2020 09:50
Exact Location Of Accident	UBI AVE 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC2169B
Insured/Policyholder	
Name Of Registered Owner	LIM CHIANG HUAY LANDIES
NRIC No	SXXXX764B
Email Address	LIMCHIANGHUAY@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96962699
Alternative Phone No	OFFICE-96962699

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS-1.5 (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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	5111221585
Cover Note Number	

Driver

Name of Driver	LIM CHIANG HUAY LANDIES
NRIC No	SXXXX764B
Date Of Birth	15/12/1971
Occupation	OUTDOOR
Date Of Driving Pass	17/12/2004
Driving Experience	15 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96962699
Fax Number	
Contact Number	OFFICE-96962699
Email Address	LIMCHIANGHUAY@GMAIL.COM

Address	BLK 510A YISHUN ST 51 #10-543
Postcode	761510
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 - MAJOR/MINOR RD
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?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : - GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO CIRCUMSTANCES OF ACCIDENT.

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	SJS901G
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:



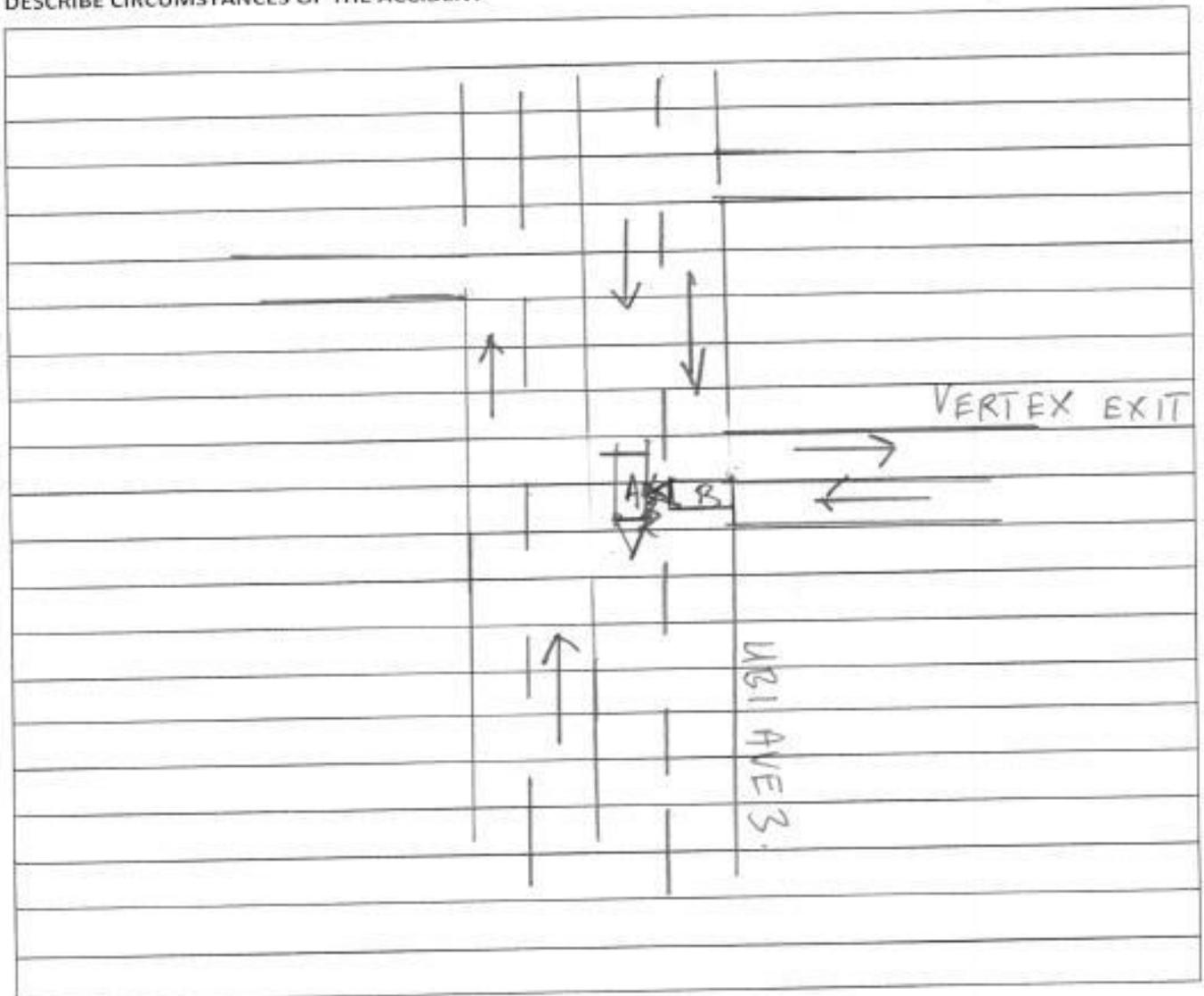
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

Veh A = SLC2169B.

Veh B = SJS901G.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT



DECLARATION

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

[Signature]

Policyholder's Signature
Date & Time:

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

[Signature]

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

SKETCH PLAN

AS PER ATTACHED.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving my car along Ubi Ave 3 when suddenly veh B came out from Vertex exit mirror road and hit onto my left side portion.

DECLARATION

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

JIM
Policyholder's Signature
Date & Time:

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

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

Claim Handling

Accident MT/1882357

Policy No.	S111221585	Vehicle No.	SJC21698	GST Registration No.	
Certificate No.				Policyholder MRC	67147648
Policyholder Name	LIM CHEANG HUIY LINDIES	Cover Type	Area CLASSIC	Leading	0
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Contact No.(Home)	
Contact No.(Mobile)	96962699	Special Remark		eCode	No *
Email Address		TCA	No Yes	eCode Reason	
KFR	No Yes	NCD Endowment(%)	0	Private Hire	Yes
NCD Protection	No				
Accident Details					
Report Date	11/01/2020 11:56	Accident Report Within 24 Hrs	Yes	Accident Type	Collision - Major/Minor Rob
Date of Accident	30/01/2020	Time of Accident (h:min)	18:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	181 Ave 3				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
OO Standard Excess	2,000.00	TP Standard Excess	1,500.00	Driver is Covered?	Covered
YED OO Excess	0.00	YED TP Excess	0.00		
Additional Excess	0	Total TP Excess Applicable	1,500.00		
Total OO Excess Applicable	2000.00				

Benefits

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	BLK 99 #04-203	Address 2	OLD AIRPORT ROAD	Address 3	KALLANG AIRPORT 10
Address 4	SINGAPORE 390099	Address Type	Singapore address	Post Code	340099
Unit No.	04-203	Related Policy Number	S111221585		

Q1 Driver Info

Driver Name	LIM CHEANG HUIY LINDIES	Driver Type	Main Driver	Driver DOB	15/10/1971
Unnamed driver Name		Driver MRC	67147648	Driving Experience	18
Register Date of Driver License	17/12/2006	Driver Age	48	Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	KALLANG AIRPORT 10
Address 1	BLK 99 #04-203	Address 2	OLD AIRPORT ROAD	Post Code	340099
Address 4	SINGAPORE 390099	Address Type	Singapore address		
Unit No.	04-203			Driver Insurer Company	
Does he own a Singapore Registered car?	Yes = No	Driver Vehicle No.			

Declaration

Breathalyzer or Blood Test Reading?	0 mg	Any Injury?	No = Yes
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Modification History

Claim 001 **View**

Claim Type *	OD-MX	Insured Name	LIM CHEANG HUIY LINDIES	Insured MRC	67147648
Contact No.(Mobile)		Contact No.(Home)	96962699	Contact No.(Office)	
Email Address		DI	SJC21698	TP	529901
Claim Description	SJC21698 / 626901G ON 30 Jan 2020			Vehicle Number	SJC21698
Preferred workshop		Insured Liability	Not at Fault	Name of Preferred Workshop	UNAC
Repair No. Finalisation	Yes	Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	11/01/2020 11:59	Claim Close Date		Date Received	31/01/20
Report Taken By	TALFISH				
<input type="checkbox"/> Print AK letter					
Save Submit					

Attachment

Accident No.	MT/1882357	Claim No.	001
Last Doc. Received	R: Yes / No	Upload Date	31/01/2020 12:31
Page *			
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 Board			
Attachment List			

ACCIDENT STATEMENT 09 50.

ACCIDENT DATE: 30/01/2020 (DD/MM/YYYY), TIME: 09:50 a.m. (HH:MM)

LOCATION: UBI Que 3.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJC 2169 B
- b) INSURANCE COMPANY: NTUC
- c) POLICY NUMBER: 5111221585
- d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
- e) MAKE & MODEL: Toyota Vios
- f) TYPE: SEDAN / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
- g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE
- h) PURPOSE OF USING AT ACCIDENT TIME: Private
- i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) YES / NO
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: Lim Chiang Huay Landies (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: S 7144764B CONTACT: 96962699
- c) ADDRESS: BLK 510A Yishun St 51 # 10-543
S(761510)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: J. S. Asabue (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
- c) ADDRESS: _____

* d) DATE OF BIRTH: 15 / 12 / 1971 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 16 yrs

- 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. c) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SJS 901 G MODEL: _____
- b) DRIVER'S NAME: _____
- c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

* No of passengers
(including driver)
(2)
1 MALE

* No of passenger
(including driver)
(1)

* No of passenger
(including driver)

Email: Lim Chiang Huay@gmail.com

fax: 67478378

video =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7144764B



LIM CHIANG HUAY, LANDIES

Race: CHINESE
Date of Birth: 15-12-1971 Sex: M
Country of Birth: SINGAPORE

For LKK/NAC Use Only

3466415



IC No. S7144764B

For LKK/NAC Use Only

Blood Group: O+ Date of issue: 11-10-1994

APT BLK 510A YISHUN STREET 51 #10-543
SINGAPORE 781510
NRIC No: S7144764B Date: 25/07/2019

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S7144764B

Name: LIM CHIANG HUAY, LANDIES

Birth Date: 15 Dec 1971
Issue Date: 17 Dec 2004

901307514K

For LKK/NAC Use Only

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE: 17 Dec 2004

Class 3 Motor cars \leq 3000 kg w/d \leq 7 passengers, exclusive of the driver; and motor tractors; vehicles \leq 2500 kg

For LKK/NAC Use Only

NP 428A

Licence No: S7144764B

AUTO TRANSMISSION VEHICLE ONLY

Land Transport Authority

VOCATIONAL LICENCE

Licence No: S7144764B

Name: LIM CHIANG HUAY LANDIES

Issue Date: 20/1/2014

Please visit www.lta.gov.sg to check the status of this vocational licence

For LKK/NAC Use Only

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
02	TAXI VL	05/02/2008
03	BUS VL	22/08/2007
04	BUS ATTENDANT	22/08/2007

For LKK/NAC Use Only

PDVL/TDVL
AT THE AGENT
319108



Policy Information

Policy No.	5111221585	Policyholder Name	LIM CHIANG HUAY LANDES	Policyholder NRIC	S7144764B
Certificate No.					
Address	BLK 288B #10-813 PUNGGOL PLACE SINGAPORE 822288				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	17/07/2019	Effective Date	18/07/2019 00:00	Expiry Date	17/07/2020 23:59
Excess Type	Per Accident	All Claims Excess		Windscreen Excess	100
Third Party Excess	1500	Own damage Excess	2000		
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500	Young/Inexperience Driver Excess	
Agent	LQ INSURANCE AGENCY PTE LTD	Agent Tel.	63340783	GST Flag	Y
Co-Insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 99 #04-203	Address 2	OLD AIRPORT ROAD	Address 3	KALLANG AIRPORT 10
Address 4	SINGAPORE 390099	Address Type	Singapore address	Post Code	390099
Unit No.	04-203	Related Policy Number	5111221585		

Insured Object: SLC21698

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue Cancel

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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ACCIDENT STATEMENT

Date Of Report	30/01/2020 13:56
Date Of Accident	30/01/2020 09:50
Exact Location Of Accident	UBI AVE 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC2169B
Insured/Policyholder	
Name Of Registered Owner	LIM CHIANG HUAY LANDIES
NRIC No	SXXXX764B
Email Address	LIMCHIANGHUAY@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96962699
Alternative Phone No	OFFICE-96962699

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS-1.5 (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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	5111221585
Cover Note Number	

Driver

Name of Driver	LIM CHIANG HUAY LANDIES
NRIC No	SXXXX764B
Date Of Birth	15/12/1971
Occupation	OUTDOOR
Date Of Driving Pass	17/12/2004
Driving Experience	15 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96962699
Fax Number	
Contact Number	OFFICE-96962699
EMail Address	LIMCHIANGHUAY@GMAIL.COM

Address	BLK 510A YISHUN ST 51 #10-543
Postcode	761510
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 - MAJOR/MINOR RD
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?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : - GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 31 YISHUN CENTRAL , POSTCODE: 768827 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8529999 - FAX NO: 68522299
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20200130/2110.

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	SJS901G
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)

DETAILS OF INJURED PERSON 1

Name LIM CHIANG HUAY LANDIES

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SLC2169B

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode



Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLC2169B	NTUC Income Insurance Co-Operative Limited	5111221585	18/07/2019	17/07/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	Wong Woo Teck		ID No.	S7040600D
Related Vehicle	SJS901G (Car)		Contact No.	97440206
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
Driver				
Name	LIM CHIANG HUAY, LANDIES		ID No.	S7144764B
Related Vehicle	SLC2169B (Car)		Contact No.	96962699
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	30/01/2020		Date Discharge	30/01/2020
No. of Days granted Medical Leave	05		Degree of Injury	Slight

Brief Details.

On the mentioned date and time, I was driving along Ubi Ave 3 from the direction of Ubi Ave 1 towards Ubi Rd 3. When I was about to drive pass the service road of Ubi Vertex, a blue colour Toyota car driven by Wong Woo Teck S7040600D suddenly drove out and collided to the left side of my car. He apologized to me and we subsequently exchanged numbers. I had taken photo of the car but the registration number was not taken down as it had dropped off. The registration number was taken from my in-car camera.

I felt some pain at spinal area near to my neck. I sought medical consultation and was given five days MC.



**SINGAPORE
POLICE FORCE**



T/20200130/2110

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

3 of 3

Report No. T/20200130/2110

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: L / Sr Staff Sgt LIM YEW CHYE	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 30/01/2020 16:44
Officer In Charge Of Case: TP / AEIT / SSI 2 JUREMAH BINTE AHMAD Contact No.: 65476219	Classification Of Case:

Authentication Stamp
NP168



