

# NATIONAL Assessment Centre Services

just 1 Jan 05 MNA 12001683

Date In: 6/2/10-15:44	Job description	Date & Time Completed	Done by
Ref No: NA 1200204474	SAS e-filing		
Veh No: SM26054	E-mail (within 3hrs, AIC 3hrs)		
D.O.A: 5/2/10-10:00	i-Motor Claim Form	6/2/10 83278-02	6/2/10 16:08
OD: TP / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: 36W 45289	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 ( ) / Towed-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


NA 2001178

Claimant's Particulars:	Invoice Preparation Checklist	Am (\$) 1st Bill	Am (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
	4) PT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	QD*		
	*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 (N-on INC) against INC \$20		
	9) N12: Idac Mobile \$0		
	Invoice dated:	Fee Charged	
	Invoice dated:	Fee Charged	

Auditors' Comments:

at 1:

at 2 / 3:

## 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 a/cr as said.

### ACCIDENT STATEMENT

Date Of Report	06/02/2020 15:44
Date Of Accident	05/02/2020 10:00
Exact Location Of Accident	PIE (CHANGI) BEFORE UPP SERANGOON RD EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMQ8063Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	FOCUS RENTALS PTE LTD
Co Reg No	2XXXXX450G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98299734
Alternative Phone No	OFFICE-98299734
<b>Vehicle Particulars</b>	
Manufacturer	TOYOTA
Model	NOAH HYBRID 7-SEATER 1.8X CVT
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	PRIVATE HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5113975451
Cover Note Number	

### Driver

Name of Driver	KOH KENG YAU, WILLIAM
NRIC No	SXXXX297G
Date Of Birth	09/05/1956
Occupation	OUTDOOR
Date Of Driving Pass	02/02/2018
Driving Experience	2 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93375892
Fax Number	
Contact Number	OFFICE-93375892
Email Address	NOEMAIL

Address	BLK 223A SUMANG LANE #02-209
Postcode	821223
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	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?	YES
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	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20200205/7012.

#### 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	SCW9328P
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 KOH KENG YAU, WILLIAM

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SMQ8063Y

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

**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:

*[Handwritten Signature]*

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

*[Handwritten Signature]*

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

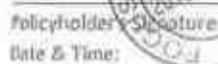
4 3 2 1

↑ PIE Change

A
A
<del>xxx</del>
B
B

Refer to Police Report

(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.: \_\_\_\_\_

Date of Accident : 05/02/2020 Accident Time: 1000 (24-HR-Format)  
Accident Place : PLE Towards Changi before Upper Serangoon Rd  
Vehicle Reg. No. (Car Plate No.) : SWB 80634  
Vehicle Make/Model : Toyota Noah  
Insurance Company : NTUC Policy No. \_\_\_\_\_  
Owner or Company Name / IC No. : Focus Rentals Pte Ltd  
Owner or Company Contact No. : 98299734 Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_  
DRIVER'S Name / IC No. : Koh Keng Joo William 511532976  
DRIVER'S Date Of Birth : 09/05/1956 DRIVER'S License Pass Date : 02/02/2018  
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others : \_\_\_\_\_  
DRIVER'S Address : BLK 223A SUMANGLANE #02-209 (821223)  
DRIVER'S Contact No. / Alt No. : 1) 93375892 2) \_\_\_\_\_  
DRIVER'S Occupation : INDOOR ~~OUTDOOR~~ (e.g. working inside or outside office)  
Email Address : William 5353@gmail.com  
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET  
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance  
Number of Passengers (Including Driver): ~~0~~ 01 5 days MC  
Was there any video Captured by car camera: YES \ NO  
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particular (if any)

Vehicle Reg. No: SCW 9328P	Vehicle Reg. No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver: _____	IC No. Driver: _____
Driver's Contact & Add: _____	Driver's Contact & Add: _____





# SINGAPORE POLICE FORCE



T/20200205/7012

1 of 3

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20200205/7012

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/02/2020 14:02		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: KOH KENG YAU, WILLIAM			Address: APT BLK 223A SUMANG LANE #02-209 SINGAPORE 821223		
ID Type / ID No.: NRIC NO / S1153297G			Contact No.: Home/Office: Mobile: 83751019		
Nationality: SINGAPORE CITIZEN			Email: WILLIAMKOH5353@GMAIL.COM		
Sex: Male	Age: 63	Date of Birth: 09/05/1956	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Taxi Driver			Driving Licence Information: Class: Date of Expiry:		

## General Information of the Accident

Type of Accident:	Injury: Others	Drink Drive: No	Date/Time of Accident: 05/02/2020 10:00	Type of Location: Straight Road
Location: PAN ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
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
SCW9328P	Car	TOYOTA	WISH	Blue	Slightly Damaged	0
SMQ8063Y	Car	TOYOTA	NOAH	Black	Slightly Damaged	0

## Details of Person Involved

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





**SINGAPORE  
POLICE FORCE**



T/20200205/7012

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

2 of 3

Report No. T/20200205/7012

**CONTINUATION OF REPORT**

Driver			
Name	KOH KENG YAU, WILLIAM	ID No.	S1153297G
Related Vehicle	SMQ8063Y (Car)	Contact No.	83751019
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	05/02/2020	Date Discharge	05/02/2020
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details:

On the stated time and date,

I was driving my car (Veh A: SMQ8063Y) along PIE towards Changi Before Upper Serangoon Rd Exit. The traffic was moderate thus I was following the traffic flow. Suddenly, I felt an huge impact on my rear and realized a car (Veh B: SCW9328P) had collided onto my rear. We took some photos and left the accident scene. After the accident, I felt pain on the back of my neck and shoulders and was given 5 Days of MC (05/02/2020 to 09/02/2020) by Mount Alvernia Hospital.



**SINGAPORE  
POLICE FORCE**



T/20200205/7012

3 of 3

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20200205/7012

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPHQ /  
JUREMAH BINTE AHMAD  
Contact No.: 65476219

Authentication Stamp  
NP168

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

Date/Time:  
05/02/2020 14:02

Classification Of Case:

eBaoTech

General Claim

Hello, NAC\_PAYA\_US1\_800501

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

## Policy Query

Policy No.  Date of Accident   
Vehicle No. (For Motor)  Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder MRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	S113975451	S113975451-000177	FOCUS RENTALS PTE. LTD.	201836492G	GFM	Third Party	SMQ8063Y	SMQ8063Y	26/12/2019	25/12/2020

Policy Information					
Policy No.	5113975451	Policyholder Name	FOCUS RENTALS PTE. LTD.	Policyholder NRIC	201836450G
Certificate No.	5113975451-000177				
Address	26 SIN MING LANE #05-114 MIDVIEW CITY SINGAPORE 573971				
Product Name	FLEET MASTER INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	21/12/2019	Effective Date	26/12/2019 00:00	Expiry Date	25/12/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	1500	Own damage Excess	0	Windscreen Excess	0
Additional Excess	0	OS Premium	77752.06		
Outside Singapore OD Excess	0	Outside Singapore TP Excess	1500	Young/Inexperience Driver Excess	
Agent	TIMES INS BROKERS (MOTOR B		Agent Tel.	62528888	GST Flag
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					
Policyholder Mailing Address					
Address 1	26 SIN MING LANE	Address 2	#05-114 MIDVIEW CITY	Address 3	SINGAPORE 573971
Address 4		Address Type	Singapore address	Post Code	573971
Unit No.	03-02	Related Policy Number	5113975451		
Insured Object: 5113975451-000177					
Endorsements					
Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
Certificate Endorsements					
Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content

## Claim Handling

Accident NT/10K3278

Policy No.	SL13975452	Vehicle No.	SRQ25637	DOT Registration No.	2018044500
Certificate No.	SL13975451-202177				
Policyholder Name	MOOIS RENTALS PTE. LTD.	Driver Type	Third Party	Policyholder AEC	2018044500
Product Code	FLEET MASTER (SG) (RAC)	Contact No (Office)	0	Linking	0
Contact No (Home)	8029752	Special Vehicle		Contact No (Home)	0
Driver Address		TCR	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	ICOD	<input checked="" type="checkbox"/>
KPI	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	MOE Exemption (%)	0	ICOD Reason	
MOE Exemption	0%			Private Hire	Yes

**Accident Details**

Report Date	06/02/2020 16:08	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Road to Road
Date of Accident	05/02/2020	Time of Accident (hr:min)	10:00	County of Accident	Singapore
Reporting Centre		Orange Form		ICM No.	
Accident Location	RTE (CHANGE) BEFORE LANE DEVIATION (RED EXT)				

## Total Excess Applicable

Excess Type	No Accident	Windscreen Excess	0.00		
ICD Standard Excess	0.00	TP Standard Excess	1,300.00	Driver is Covered?	
YTD OD Excess	0.00	RWD TP Excess			
Additional Excess	0				
Total OD Excess Applicable	0.00	Total TP Excess Applicable			

## Benefits

## DOT Registered Information

DOT Registered	Yes	DOT Registration Date	21/02/2019
DOT Registration No.	2018044500	DOT Status Verified	Yes
Modification History			

## Policyholder Mailing Address

Address 1	25 COE HONG LANE	Address 2	SBS-114 MIDVIEW CITY	Address 3	SINGAPORE 571971
Address 4		Address Type	Singapore address	Post Code	509671
Unit No.	03-02	Related Policy Number	SL13975451		

## OT Driver Info

Driver Name	Unrelated Driver	Driver Type	Unrelated Driver	Driver DOB	06/05/1986
Unrelated driver Name	KOH KENG YAU, WELLER	Driver NRIC	S00002575	Driving Experience	2
Register Date of Driver License	02/02/2019	Driver Age	33	Contact No (Home)	0
Contact No (Home)	8337583	Contact No (Office)	0	Address 1	SINGAPORE 821223
Address 1	BLK 2236	Address 2	SUNANG LANE	Address 3	
Address 4		Address Type	Singapore address	Post Code	621223
Unit No.	52-209				
Does he own a Singapore Registered Car?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Driver Vehicle No.		Driver Insurer Company	

## Declaration

Breakdown of Blood Test Reading?	<input checked="" type="checkbox"/> No	Are Injury?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
----------------------------------	--	-------------	---

## Modification History

## Claim ID: New

Claim Type *	OT-TP	Insured Name	MOOIS RENTALS PTE. LTD.	Insured NRIC	2018044500
Contact No (Home)		Contact No (Home)		Contact No (Office)	0
Driver Address		OT Vehicle Number	SRQ25637	TP Vehicle Number	SCW5328P
Claimant Type	Claimant Type *	Type of Benefit *	Private Street		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SRQ25637 / SCW5328P On 5 Feb 2020				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Requires Privatisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GA Report	Received
Date Registered	06/02/2020 16:08	Claim Close Date		Date Received	06/02/2020 06:58
Report Taken By	Jackson				

☒ Print all info

Save Submit

## Attachment

Account No.	NT/10K3278	Claim No.	001
Last Del. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Signed Date	06/02/2020 16:08

Page 1

Category *	Confidential	Urgency *	Description *
Browse	Clear	Please Select	<input checked="" type="checkbox"/> Normal <input type="checkbox"/>
Browse	Clear	Please Select	<input type="checkbox"/> Normal <input type="checkbox"/>
Browse	Clear	Please Select	<input type="checkbox"/> Normal <input type="checkbox"/>
Browse	Clear	Please Select	<input type="checkbox"/> Normal <input type="checkbox"/>
Browse	Clear	Please Select	<input type="checkbox"/> Normal <input type="checkbox"/>
Browse	Clear	Please Select	<input type="checkbox"/> Normal <input type="checkbox"/>

