

NATIONAL Assessment Centre Services.

(Ref: 1 Jan 2003)

NA2003/515

Date In: 12/03/2000 12:18	Job description	Date & Time Completed	Done by
Ref No: N38/FND20003916/Y	SAS e-filing		
Veh No: STM 3349U	E-mail (John Doe, AIC Staff)		
DOA: 11/03/2000 11:15	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/Wksn		

Preferred Wkep / INC Assign Wkep / OW: (Tel:	Fax:
TP Particulars:	Veh No: SFV 8006P	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 repair.

() 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	Action	Completed by

NA2002038	1) AR: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$10)	
Contact No:	3) TP: Towing Fee \$40/\$45	
Damaged Portion:	4) PT: Follow-Through Survey \$120	
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30	
	For claiming against INC Only (wef 10 Jan 2003)	
	6) TR: Re-inspection \$75	
	7) NI: IDao DA + EMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	*NS: Courtesy Car / Tpt Allowance \$3	
	*NR: Repair Coordination \$10	
	*PT: Post Repair Inspection \$25	
	*ND: DV / Collect Excess Coordination \$3	
	TP (NIU): TP (Non INC) against INC \$10	
	9) NI: IDao 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	12/03/2020 12:18
Date Of Accident	11/03/2020 11:15
Exact Location Of Accident	T-JUNCTION OF THOMSON ROAD AND WHITLEY ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM3249U
Insured/Policyholder	
Name Of Registered Owner	SEETHO TAT LOY
NRIC No	SXXXX878H
Email Address	SEETHOTATLOY@YAHOO.COM
Mobile Phone No	(LOCAL) +65-84481887
Alternative Phone No	OTHERS-84481887

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER
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 CAR

Insurance Company

Name of Insurance Company	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNCV2019-00001746
Cover Note Number	

Driver

Name of Driver	SEETHO TAT LOY
NRIC No	SXXXX878H
Date Of Birth	14/07/1960
Occupation	OUTDOOR
Date Of Driving Pass	23/08/1983
Driving Experience	36 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84481887
Fax Number	
Contact Number	OTHERS-84481887
Email Address	SEETHOTATLOY@YAHOO.COM

Address	BLK 474 JURONG WEST STREET 41 #05-392
Postcode	640474
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 ON COLLISION
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	JURONG WEST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 700 CORPORATION ROAD , POSTCODE: 649818 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2689999 - FAX NO: 62672438
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/202003311/2124

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH OWNER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SFW8006P
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 SEETHO TAT LOY

Approximate Age

Injuries Sustain BODY PAIN

Injured person in which vehicle? SLM3249U

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

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 company.
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 lodging 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 Person's Signature
Name:
NRIC/FIN No.:

12/03/2020
Resal Montano

SKETCH PLAN

Lamp Post

Road
Divider
Column

Green
Light

A=56M249V
B=5FW8001P
T=Junction of
Thompson Road
and
Whitby Road

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report T/20200311/2124

Report No:

DECLARATION

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

Policyholder's Signature
Date & Time:

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

Reporting Centre Person's Signature
Name:
NRIC/FIN No:

12/3/2020
Ref. 2. WTHAS

SINGAPORE ACCIDENT STATEMENT

Accident Date: 11/03/2020 Time: 11-15 (hh:mm) 24 hr format	
Location T Junction of Thomson Road and Wintley Road	
Vehicle Number SLM 3249 U	
Insured Name Seetha Tat Jay	
NRIC / FIN 51438878H	Contact Number 8448 1887
Make Mitsubishi Model Lancer	
Are you claiming under your own insurance policy for repair to your vehicle?	
() Yes If No, Pls select: (<input checked="" type="checkbox"/>) Third Party () Reporting	
Insurance Company FWD	
Type of Policy (<input checked="" type="checkbox"/>) Comprehensive () Third Party Fire & Theft () TP Only	
Policy Number PNCV2019-00001746	
Name of Driver (<input checked="" type="checkbox"/>) Same as Insured	
NRIC / FIN	Contact Number
Date of Birth 14/07/1960	
Driving Pass Date 23/08/1993	
Occupation () Indoor (<input checked="" type="checkbox"/>) Outdoor	
Gender (<input checked="" type="checkbox"/>) Male () Female	
Email Address seethatattay@yahoo.com () NO EMAIL	
Address of Driver Blk 474 Jbrang West Street 41	
#05-392 Singapore 640474	
Was driver an employee of the Insured's Company? () Yes (<input checked="" type="checkbox"/>) No	
If No, Relationship of the Driver with the Insured	
(<input checked="" type="checkbox"/>) Owner () Spouse () Friend () Relative () Children () Sibling	
Does the Driver Own Any Other Vehicle? () Yes () No	
If Yes, Vehicle Registration Number of Driver's Own Vehicle	
Insurance Company of Driver's Own Vehicle	
Weather Conditions (<input checked="" type="checkbox"/>) Clear () Raining () Others	
Road Surface (<input checked="" type="checkbox"/>) Dry () Wet () Others	
Was any foreign vehicle involved in this accident? () Yes (<input checked="" type="checkbox"/>) No	
Was anybody injured in the accident? (<input checked="" type="checkbox"/>) Yes () No	
If yes, injured detail Seetha Tat Jay Body Part	
Was there any video captured by Car Camera? (<input checked="" type="checkbox"/>) Yes () No	
Was the Accident reported to the Police? (<input checked="" type="checkbox"/>) Yes () No If yes attach police report	
DETAILS OF 3 rd party	Name / Nric Contact
Veh B SFW 8006P	
Veh C	
Veh D	
Veh E	
Veh F	

Driver only



SINGAPORE POLICE FORCE



T/20200311/2124

1 of 4

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Report No. T/20200311/2124

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/03/2020 17:52	Vide Report No.:	Station Diary No.: 183
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Informant's Particulars

Name of Informant: SEETHO TAT LOY			Address: APT BLK 474 JURONG WEST STREET 41 #05-392 SINGAPORE 640474	
ID Type / ID No.: NRIC NO / S1438878H			Contact No.: Home/Office: Mobile: 84481887	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 59	Date of Birth: 14/07/1960	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Government Property	Drink Drive: No	Date/Time of Accident: 11/03/2020 11:15	Type of Location: T-Junction
Location: Junction of Road 1 and Road 2 THOMSON ROAD WHITLEY ROAD T-JUNCTION OF THOMSON ROAD AND WHITLEY ROAD TOWARDS MARYMOUNT ROAD				
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 Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SFW8006P	Car				Slightly Damaged	0
SLM3249U	Car	MITSUBISHI	LANCER EX 1.6 AT LED TAIL LAMP	Grey	Seriously Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20200311/2124

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

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Report No. T/20200311/2124

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLM3249U	FWD Singapore Pte. Ltd	PNCV2019-00001746	18/12/2019	17/12/2020

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SEETHO TAT LOY		ID No. S1438878H
Related Vehicle	SLM3249U (Car)		Contact No. 84481887
Hospital/Clinic	NEO MEDICAL CENTRE		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	11/03/2020		Date Discharge 11/03/2020
No. of Days granted Medical Leave	04	Degree of Injury	Slight
Driver			
Name	CHIN		ID No. NIL
Related Vehicle	NIL		Contact No. 96252850
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 11/03/2020 at about 1115hrs, I was driving my car; SLM3249U along THOMSON ROAD towards MARYMOUNT ROAD when an accident occurred between my car; SLM3249U and another car; SFW8006P at the T-JUNCTION of THOMSON ROAD and WHITLEY ROAD. I wish to state at this point in time that I was travelling straight on lane 4 and the traffic light was GREEN in my favor.

When I was about passing by the above mentioned junction, suddenly SFW8006P turned out from the opposite and collided onto the front portion of my car, the impact forced my car to mount onto the road curb and collide into a lamp post as well as road divider column.

After the accident, we exchanged mobile phone numbers and CHIN admitted that it was his mistake. We then proceeded on our way, after which I felt pains on my right lower back. I then proceeded to NEO MEDICAL CLINIC and acquired 04 days Medical Leave from 11/03/2020 to 14/03/2020.

I wish to state that I did not consume any intoxicating substances prior to the accident.



SINGAPORE
POLICE FORCE



T/20200311/2124

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

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Report No. T/20200311/2124

CONTINUATION OF REPORT





**SINGAPORE
POLICE FORCE**



T/20200311/2124

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

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Report No. T/20200311/2124

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 /

Sgt 2 CHIANG WEI TONG

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SIANG YI TING, STEPHANIE

Contact No.: 65476414

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

11/03/2020 17:52

Classification Of Case:



CERTIFICATE OF INSURANCE

Please call +65-6322-2072 for FWD Emergency Assistance
if Your Car breaks down or is involved in an accident.

All accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

POLICY NUMBER: PNCV2019-00001746

Car plate number : SLM3249U

Coverage start date: 18/12/2019

Coverage end date: 17/12/2020

Who is insured to drive: You and any Authorised Driver

Covered Geographical Area: Singapore, West Malaysia and Southern Thailand

About you (the Policyholder)

Name: Seetho Tat Loy

NRIC/FIN: S1438878H

Address: 474 Jurong West Street 41 05-392 Jurong Ville @ Street 41 Singapore 640474

Email: seethotatloy@yahoo.com

Mobile Number: 84481887

Date of Birth: 14/07/1960

Gender: Male

Marital status: Married

Certificate of Merit: Yes

Current no claims discount: 20%

Years of driving experience: Three or more

About your car and policy

Car make and model: MITSUBISHI LANCER 1.6

Year of first registration: 2017

Plan type: Comprehensive

Standard Excess: S\$2,000

NCD protector: Not Applicable

Your preferred workshop: Not Applicable

Overseas Booster: Not Applicable

Premium paid (Inclusive of GST): S\$2,755.25

Finance company: DBS Bank Ltd

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No.: MAY20031515 Vehicle Registration No.: SLM32494
Name (as shown in NRIC): SHARITO TAN LOY NRIC/FIN/Passport No.: SXXXX8784
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address: _____ Singapore()
Contact (Tel): _____ Mobile No.: 84481887
Email Address: _____
Date of Accident: 11/03/2020 Time of Accident: 11:15
Place of Accident: T-junction of Thomson Road and Willem Rd
Insurance Company: FWD

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

INTERNAL PARTY VEHICLE NUMBER TO SLM32494

Policyholder / Driver's Signature
Date:

[Signature] 12/03/2020
Reporting Centre Personnel's Signature
Name: Roshan Kumar
NRIC/FIN No.:
Date: