

NATIONAL Assessment Centre Services [wef 1 Jan'05] **MHA 20032909**

Date In: 16/12-14:40	Job description	Date & Time Completed	Done by
Ref No: NA1452200405424	SAS e-filing		
Veh No: JMN3338D	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 15/12-19:45	i-Motor Claim Form	17/12 88381-001	16/12/05 15:45
OD: TP: Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	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: 56430949 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

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		In Bill	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		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments :-	5) FT: Follow-Through Survey (Resurvey) \$30		
Dat. 1:	For claiming against INC Only (wef 10 Jan 2005)		
Dat. 2 / 3:	6) TR: Re-inspection \$75		
	7) N1: Idao 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 (Non INC) against INC \$20		
	9) N12: Idao Mobile 30		
	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	16/03/2020 14:40
Date Of Accident	15/03/2020 17:45
Exact Location Of Accident	TURF CLUB CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMN3338D
Insured/Policyholder	
Name Of Registered Owner	SIM SOCK TZE HENRY
NRIC No	SXXXX688A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97689119
Alternative Phone No	OFFICE-97689119

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E250 SEDAN (R18)
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5110842580
Cover Note Number	

Driver

Name of Driver	MUN KWOK KEONG
NRIC No	SXXXX709D
Date Of Birth	06/10/1966
Occupation	OUTDOOR
Date Of Driving Pass	19/03/1987
Driving Experience	32 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91091537
Fax Number	
Contact Number	OFFICE-91091537
EEmail Address	NOEMAIL

Address	BLK 8 BOON KENG ROAD #24-148
Postcode	330008
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	RELATIVE
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?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	3
Passenger 1	NAME: : SIM SOCK TZE HENRY GENDER: : MALE
Passenger 2	NAME: : PETER GENDER: : MALE

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/20200316/2064.

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	SGG3094P
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) 1

DETAILS OF INJURED PERSON 1

Name MUN KWOK KEONG

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SMN3338D

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name SIM SOCK TZE HENRY

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SMN3338D

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 3

Name PETER

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SMN3338D

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 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

Refer to attached sketch plan.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7/20200316/2064

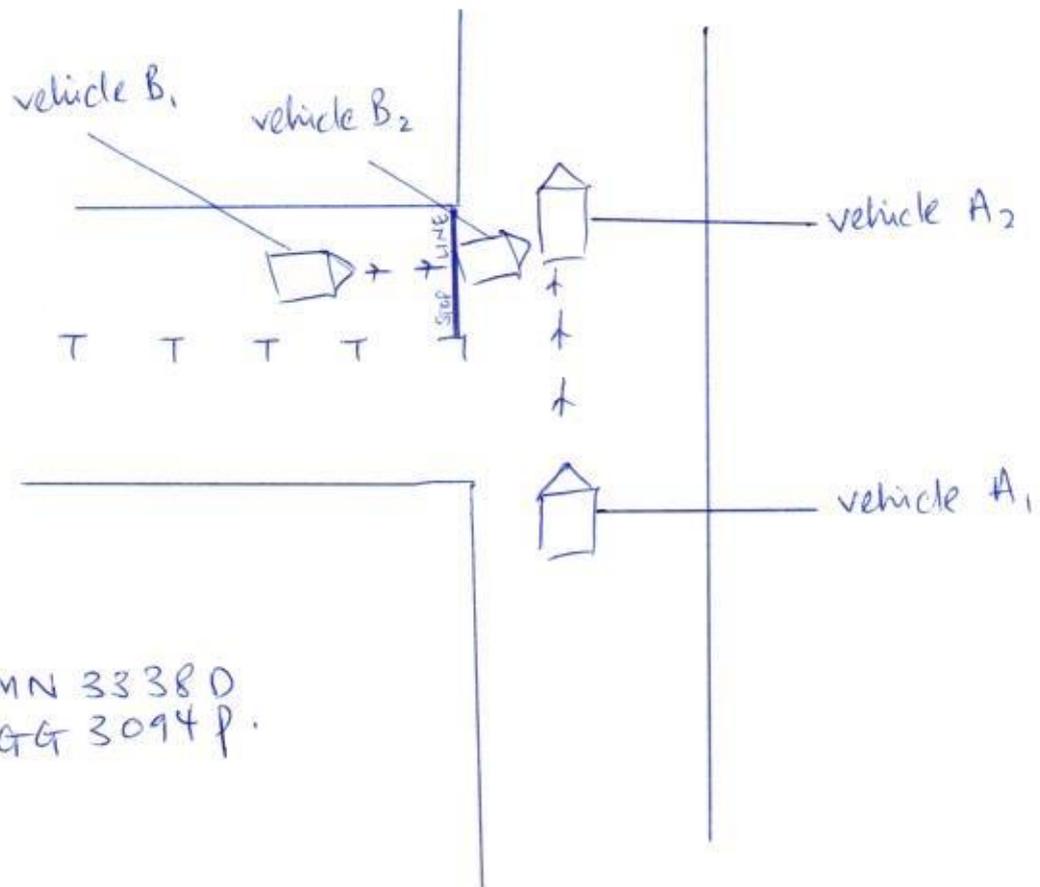
DECLARATION

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



vehicle A - SMN 3338D
 vehicle B - SGG 3094P.

On 15/3/2020, at about 5:45pm, I was driving my vehicle, SMN 3338D in Singapore Turf Club carpark A. As I was travelling straight (as illustrated above), vehicle B, SGG 3094P, suddenly came out from a minor road, without stopping at the stop line and collided into my vehicle. My vehicle was damaged and I was injured.



Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

CONTINUATION OF REPORT

Driver			
Name	MUN KWOK KEONG	ID No.	S1781709D
Related Vehicle	SMN3338D	Contact No.	91091537
Hospital/Clinic	HEALTHPLUS CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	16/03/2020	Date Discharge	16/03/2020
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Passenger			
Name	SIM SOCK TZE	ID No.	S0443688A
Related Vehicle	SMN3338D	Contact No.	97689119
Hospital/Clinic	HEALTHPLUS CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	16/03/2020	Date Discharge	16/03/2020
No. of Days granted Medical Leave	05	Degree of Injury	NIL

Brief Details.

On 15/03/2020 at about 1745hrs, I was driving vehicle SMN3338D at Turf club avenue carpark A. While I was going straight there was a vehicle SGG3094P that was oncoming from the left side, he did not stop his vehicle and there was a stop line. While he did not stop his vehicle, his vehicle collided on to the left rear side of my vehicle. During that point of time there was three passengers in my vehicle. I went down and spoke to the other driver and he refused to exchanged particulars.

I and my passenger(Uncle) went to see a doctor and was given five days medical certificate each. I am feeling pain on my neck and I have backache. My passenger(Uncle) is feeling tightness on his chest as he has underlying heart issues.



**SINGAPORE
POLICE FORCE**



T/20200316/2064

3 of 3

Report No. T/20200316/2064

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

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:

G /
Staff Sgt GOH SZE HAO, VALENTINE

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /
SSI 2 JUREMAH BINTE AHMAD
Contact No.: 65476219

Signature Of Informant:

Date/Time:

16/03/2020 14:06

Classification Of Case:

Authentication Stamp

NP168

Hello, NAC_PAYA_UBI_800601

[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 NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5110842580		SIM SOCK TZE HENRY	S0443688A	GPC	drive CLASSIC	SMN3338D	SMN3338D	05/07/2019	04/07/2020

Policy Information

Policy No.	5110842580	Policyholder Name	SIM SOCK TZE HENRY	Policyholder NRIC	S0443688A
Certificate No.					
Address	BLK 148 #01-477 SERANGOON NORTH AVENUE 1 SINGAPORE 550148				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	05/07/2019	Effective Date	05/07/2019 00:00	Expiry Date	04/07/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500	Young/Inexperience Driver Excess	
Agent	INSURE LINK PTE LTD	Agent Tel.	64444644	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 148 #01-477	Address 2	SERANGOON NORTH AVENUE 1	Address 3	
Address 4		Address Type	Singapore address	Post Code	550148
Unit No.		Related Policy Number	5110842580		

Insured Object: SMN3338D

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	05/07/2019 00:00	Basic Information Endorsement	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that from 05 Jul 2019, the following policy details are amended as follows: HIRE PURCHASE COMPANY: STANDARD CHARTERED BANK (SINGAPORE) LIMITED CHASSIS NUMBER: WDD2120362B087648 ENGINE NUMBER: 27492030293303 VEHICLE REGISTRATION NUMBER: SMM6246X ORIGINAL REGISTRATION DATE: 24 Mar 2015</p>
2	18/07/2019 00:00	Basic Information Endorsement	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that from 18 Jul 2019, the following policy details are amended as follows: HIRE PURCHASE COMPANY: STANDARD CHARTERED BANK (SINGAPORE) LIMITED CHASSIS NUMBER: WDD2120362B087648 ENGINE NUMBER: 27492030293303 VEHICLE REGISTRATION NUMBER: SMN3338D ORIGINAL REGISTRATION DATE: 24 Mar 2015</p>

Claim Handling

Accident MT/1088381

Policy No.	S110842580	Vehicle No.	SMN3338D	GST Registration No.	
Certificate No.					
Policyholder Name	SIM SOCK TZE HENRY	Policyholder NRIC	S0443688A		
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	97689119	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	<input type="text" value=""/>
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	50	Private Hire	Yes
Accident Details					
Report Date	16/03/2020 15:39	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Major/Minor Road
Date of Accident	15/03/2020	Time of Accident (H:MM)	17:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	TURF CLUB CARPARK				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00	Driver is Covered?	Covered
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess	0	Total TP Excess Applicable	1,500.00		
Total OD 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	BUK 148 #01-477	Address 2	SERANGOON NORTH AVENUE 3	Address 3	
Address 4		Address Type	Singapore address	Post Code	550148
Unit No.		Related Policy Number	S110842580		

OI Driver Info

Driver Name	MUN KWOK KEONG	Driver Type	Named Driver	Driver DOB	06/10/1966
Unnamed driver Name		Driver NRIC	S1781709D	Driving Experience	32
Register Date of Driver License	19/03/1987	Driver Age	53	Contact No.(Home)	0
Contact No.(Mobile)	91091537	Contact No.(Office)	0	Address 3	CITY VIEW @ BOON KENG
Address 1	BUK 8	Address 2	BOON KENG ROAD	Post Code	330008
Address 4	SINGAPORE 330008	Address Type	Singapore address		
Unit No.	24-148	Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No				

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	SIM SOCK TZE HENRY	Insured NRIC	S0443688A	
Contact No.(Mobile)	97689119	Contact No.(Home)	62855233	Contact No.(Office)	63377760	
Email Address	henrytfe@singnet.com.sg	OI Vehicle Number	SMN3338D	TP Vehicle Number	SGG3094P	
Claimant Type Claimant Type*	Please Select	Type of Benefit *	Please Select			
Claimant Name *		Claimant NRIC *				
Claimant Address						
Claim Description	SMN3338D / SGG3094P ON 15 Mar 2020				Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault			
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received	
Date Registered	15/03/2020 15:45	Claim Close Date		Date Received	16/03/2020 00:00	
Report Taken By	Jackson					

Print AK letter

Save **Submit**

Attachment

Accident No.	MT/1088381	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	16/03/2020 15:47

Path *	Category *	Confidential	Urgency *	Description *
<input type="text" value=""/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	
<input type="text" value=""/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	
<input type="text" value=""/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	
<input type="text" value=""/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	
<input type="text" value=""/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	
<input type="text" value=""/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	

