

NATIONAL Assessment Centre Services. [part 1 Jan 02] MNA 120038327.-01

Date In: 31/3/20 09:39	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: MA1 INC 20004700/h4	E-mail (within 3hrs, AIC 2hrs)		
Veh No: SJY 83145	I-Motor Claim Form	MT/1090132 <sup>001</sup>	31/3/20 10:15
ICLA: 30/3/20 09:50	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD: <input checked="" type="radio"/> 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: SMJ 1809X	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 400000 67006016)	Date of completion:	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	Action

MA 2002352		Invoice/Repairation Checklist	And (\$)	Sub (\$)
Claimants Particulars:	1) AL: Accident Reporting (\$30)		30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)			
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			
Auditors Comments:	For claiming against INC Only (wef 10 Jan 2009)			
	6) TR: Re-Inspection \$75			
	7) NI: Idao DA + SMRT Survey \$160			
	8) NTUC Additional Services:			
	QD:			
	*NS: Courtesy Car / Tpt Allowance \$5			
	*NG: Repair Coordination \$10			
	*NJ: Post Repair Inspection \$25			
	*NI: DV / Collect Excess Coordination \$5			
	TE (NI): TP (Non INC) against INC \$20			
	9) NI2: 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	31/03/2020 09:39
Date Of Accident	30/03/2020 09:50
Exact Location Of Accident	25 EUNOS CRESCENT OPEN CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJY8314S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	OMEGA DRIVE
Co Reg No	5XXXX466M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97901029

### Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY
Exact Purpose for which vehicle was being used at time of accident	WORK
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	5104004921-01
Cover Note Number	

### Driver

Name of Driver	KOH YONGCHENG MALCOLM
NRIC No	SXXXX195Z
Date Of Birth	03/08/1987
Occupation	OUTDOOR
Date Of Driving Pass	25/10/2006
Driving Experience	13 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97901029
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 14 EUNOS CRESCENT #09-2809
Postcode	400014
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	TRAFFIC POLICE DIVISION HQ
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/20200331/2012

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMJ1809X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE HIRE
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 YONGCHENG MALCOLM
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJY8314S
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.

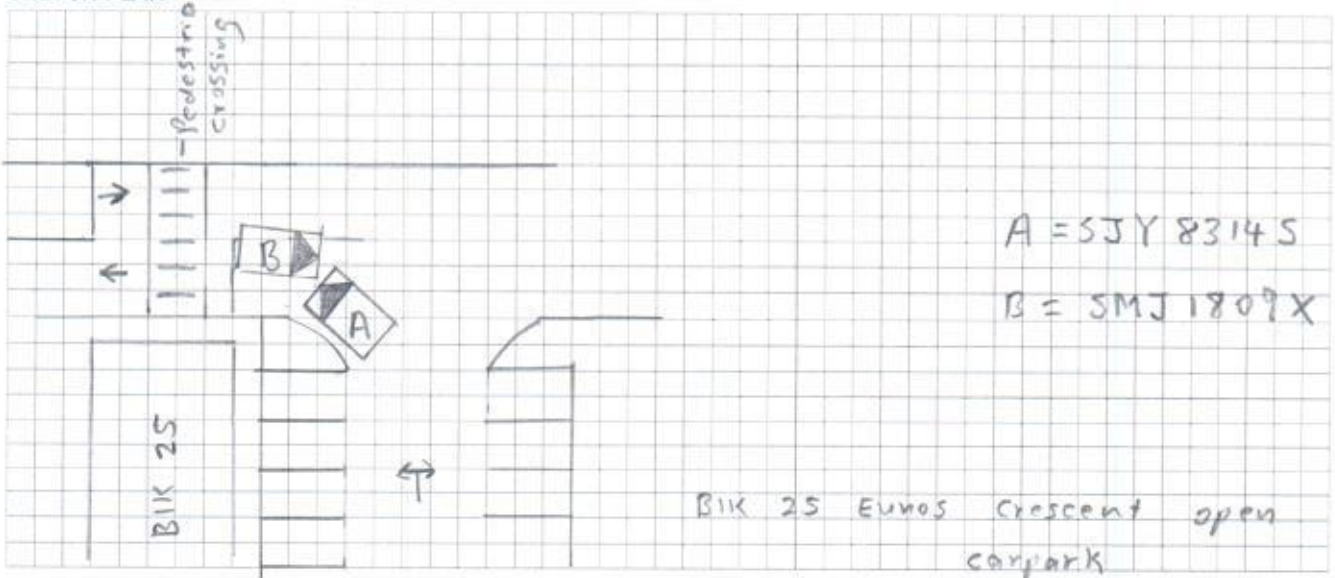


Policyholder's Signature  
Date & Time:

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

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

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report T/20200331/2012.

## 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.:



**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 : MNA120038327 Vehicle Registration No: SJY8314S

Name(as shown in NRIC): KOH YONGCHENG MALCOLM NRIC/FIN/Passport No: SXXXX195Z

(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate

Address : \_\_\_\_\_ Singapore( )

Contact (Tel) : \_\_\_\_\_ Mobile No. : 97901029

Email Address : \_\_\_\_\_

Date of Accident : 30/03/2020 Time of Accident : 09:50

Place of Accident : 25 eunos crescent open carpark

Insurance Company: NTUC

(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:

AMEND ADD IN INJURY

This image shows a blank sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Policyholder / Driver's Signature \_\_\_\_\_  
Date: \_\_\_\_\_





Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Date: 31/3/20.



# SINGAPORE POLICE FORCE



T/20200331/2012

1 of 3

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

Report No. T/20200331/2012

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 31/03/2020 09:15		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: koh yongcheng malcom			Address: APT BLK 14 EUNOS CRESCENT #09-2809 SINGAPORE 400014		
ID Type / ID No.: NRIC NO / S8723195Z			Contact No.: Home/Office: Mobile: 97901029		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 32	Date of Birth: 03/08/1987	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 2B,2A,2,3,4,5 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 30/03/2020 09:50	Type of Location: Car Park
Location: Junction of Road 1 and Road 2 EUNOS CRESCENT  open storey carprk. betWeen blk 25 and 15				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJY8314S	Car	TOYOTA	CAMRY 2.0 AUTO ABS AIRBAG		Slightly Damaged	0
SMJ1809X	Car	OPEL	INSIGNIA GRAND SPORT		Slightly Damaged	0





**SINGAPORE  
POLICE FORCE**



T/20200331/2012

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

2 of 3

Report No. T/20200331/2012

**CONTINUATION OF REPORT**

**Brief Details.**

ON THE MENTIONED DATE TIME AND LOCATION,

I WAS MAKING A LEFT TURN TOWARDS BLK 19 WHEN THE OTHER VEHICLE CAME INTO MY LANE AND HIT MY VEHICLE. THE DRIVER OF THE RENTAL CAR DID NOT COME DOWN AND HAVE HIS PARTICULARS ON HIM. I TRIED TO ASK FOR PRIVATE SETTLEMENT BUT HE HAVE NO ENOUGH FUNDS. HE ALSO TOLD ME HE WAS SUPPOSED TO BE ON A 14 DAY QUARANTINE. I TRIED TO CONTACT HIM BUT TO NO AVAIL. I HAVE IN CAR CAM FOOTAGE AND PHOTO OF DRIVER. THATS ALL



**SINGAPORE  
POLICE FORCE**



T/20200331/2012

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

3 of 3

Report No. T/20200331/2012

**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:  
TP /  
NURSADIY ZULFIKAR BIN SHAWAL

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
Sgt 3 RASHIDAH BINTE AZMAN  
Contact No.: 65476216

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
31/03/2020 09:15

Classification Of Case:



**SINGAPORE  
POLICE FORCE**

Signature:



Hello, NAC\_PAYA\_UBI\_800601

Change Language

Change Password

Log Out

My Desktop

Notice of Loss

## Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="30/03/2020 09:36"/>
Vehicle No.(For Motor)	<input type="text" value="SJY8314S"/>	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"/>	5104004921-01		OMEGA DRIVE	53337466M	GPC	drivo CLASSIC	SJY8314S	SJY8314S	05/10/2019	04/10/2020

## Claim Handling

Accident MT/1090132

Policy No.	5104004921-01	Vehicle No.	SJY8314S	GST Registration No.	53337466M
Certificate No.					
Policyholder Name	OMEGA DRIVE			Policyholder NRIC	53337466M
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	97901029	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<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(%)	20	Private Hire	Yes

## ▼ Accident Details

Report Date	31/03/2020 10:12	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head on collision
Date of Accident	30/03/2020	Time of Accident hh:mm	09:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	25 euros crescent open carpark				

## ▼ 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	0				
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	31/03/2020 10:13:36 System changed GST Registration No. from 53337466M to null 31/03/2020 10:13:36 System changed GST Registration Date from 17/05/2016 to null 31/03/2020 10:13:36 System changed GST Status Verified from No to Yes		

## ▼ Policyholder Mailing Address

Address 1	BLK 14 #09-2809	Address 2	EUNOS CRESCENT	Address 3	SINGAPORE 400014
Address 4		Address Type	Singapore address	Post Code	400014
Unit No.	09-2809	Related Policy Number	5104004921-01		

## ▼ OI Driver Info

Driver Name	KOH YONG CHENG MALCOLM	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S8723195Z	Driver DOB	03/08/1987
Register Date of Driver License	02/02/2012	Driver Age	32	Driving Experience	8
Contact No.(Mobile)	97901029	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 14 #09-2809	Address 2	EUNOS CRESCENT	Address 3	SINGAPORE 400014
Address 4		Address Type	Singapore address	Post Code	400014
Unit No.	09-2809				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

## Declaration

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

Claim 001 New

Claim Type *	OD-MX	Insured Name	OMEGA DRIVE	Insured NRIC	53337466M
Contact No.(Mobile)	97901029	Contact No.(Home)		Contact No.(Office)	NIL
Email Address		Vehicle Number	SJY8314S	TP	SMJ18
Claim Description	SJY8314S / SMJ1809X ON 30 Mar 2020				
Preferred Workshop	0	Insured Liability	Not at Fault		
Report No.	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered		Claim Close Date	31/03/2020 10:14	Date Received	31/03/2020
Report Taken By			LIEW SHAN HUI		

☒ Print AK letter

Save Submit

## Attachment

Accident No.	MT/1090132	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	31/03/2020 10:15		
Path *		Category *	Confidential	Urgency *	Desci
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Message Read					

## ▼ Attachment List



Attachment	Uploaded By/Date	Category		Urgency	Description	M:
	NAC_PAYA_UB1_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 31 Mar 2020 10:15	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-3-31	
	NAC_PAYA_UB1_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 31 Mar 2020 10:15	SAS		Normal	SAS 2020-3-31	
	NAC_PAYA_UB1_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 31 Mar 2020 10:15	Photos		Normal	Photos 2020-3-31	
	NAC_PAYA_UB1_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 31 Mar 2020 10:15	Photos		Normal	Photos 2020-3-31	
	NAC_PAYA_UB1_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 31 Mar 2020 10:15	Photos		Normal	Photos 2020-3-31	
	NAC_PAYA_UB1_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 31 Mar 2020 10:15	Photos		Normal	Photos 2020-3-31	
	NAC_PAYA_UB1_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 31 Mar 2020 10:14	Photos		Normal	Photos 2020-3-31	
	NAC_PAYA_UB1_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 31 Mar 2020 10:14	Photos		Normal	Photos 2020-3-31	
	NAC_PAYA_UB1_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 31 Mar 2020 10:14	Photos		Normal	Photos 2020-3-31	
	NAC_PAYA_UB1_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 31 Mar 2020 10:14	Photos		Normal	Photos 2020-3-31	
	NAC_PAYA_UB1_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 31 Mar 2020 10:14	Photos		Normal	Photos 2020-3-31	
	NAC_PAYA_UB1_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 31 Mar 2020 10:14	Photos		Normal	Photos 2020-3-31	
Video List						
Uploaded By/Date	Folder Date	File Name		Source		
<div>Display in New Window</div> <div>Scan and uploading</div>						