

NATIONAL Assessment Centre Services

Part 1 (JAN 2005)

MAA420042859

| | | | |
|---------------------------|--|-----------------------|---------|
| Date In: 20/04/2020 16:13 | Job description | Date & Time Completed | Done by |
| Ref No: X/A2002716 | SAS e-illing | | |
| Veh No: SGZ 8693C | E-mail (Lipale shop, AIC 2hrs) | | |
| DOA: 18/04/2020 16:30 | I-Motor Claims Form | 17/04/2020 17:06 | |
| OT: 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/Whse | | |

| | | |
|--|--|-----------------------|
| Preferred Wkep / INC Assign Wkep / QW: (| Tel: | Fax: |
| TP Particulars: | Veh No: A 8888E | 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 () | |

() 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: _____

Location: _____

Witness: _____

Signature: _____

| | | |
|---------------------------------|---|------------|
| Driver/Owner: | 1) All: Accident Reporting (\$30) | |
| Contact No: | 2) DA: Damage Assessment (\$100) | INC (\$10) |
| Damaged Portion: | 3) TP: Towing Fee | \$40/\$45 |
| QC Checked by (Engr-In-Charge): | 4) PT: Follow-Through Survey | \$110 |
| | 5) PT: Follow-Through Survey (Resurvey) | \$30 |
| | 6) TR: Re-inspection | \$75 |
| | 7) NI: IDAO DA + SMRT Survey | \$160 |
| | 8) NTUC Additional Services | |
| | 9) NI: IDAO DA + SMRT Survey | \$30 |
| | 10) NI: IDAO DA + SMRT Survey | \$30 |
| | 11) NI: IDAO DA + SMRT Survey | \$30 |
| | 12) NI: IDAO DA + SMRT Survey | \$30 |
| | 13) NI: IDAO DA + SMRT Survey | \$30 |
| | 14) NI: IDAO DA + SMRT Survey | \$30 |
| | 15) NI: IDAO DA + SMRT Survey | \$30 |
| | 16) NI: IDAO DA + SMRT Survey | \$30 |
| | 17) NI: IDAO DA + SMRT Survey | \$30 |
| | 18) NI: IDAO DA + SMRT Survey | \$30 |
| | 19) NI: IDAO DA + SMRT Survey | \$30 |
| | 20) NI: IDAO DA + SMRT Survey | \$30 |

20/04/2020

2/2

Invoice dated

Fee Charged

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 | 20/04/2020 16:13 |
| Date Of Accident | 18/04/2020 16:30 |
| Exact Location Of Accident | CROSS-JUNCTION OF TAMPINES AVE 8 / TAMPINES ST 85 |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SGZ8693C |
| Insured/Policyholder | |
| Name Of Registered Owner | TEEN SAI FAR |
| NRIC No | SXXXX596G |
| Email Address | ALANYEO23@YAHOO.COM |
| Mobile Phone No | (LOCAL) +65-91091660 |
| Alternative Phone No | OTHERS-96988667 |

Vehicle Particulars

| | |
|--|-------------|
| Manufacturer | TOYOTA |
| Model | PICNIC |
| 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 | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | THIRD PARTY |
| Fleet Policy | NO |
| Policy Number | 5113756858 |
| Cover Note Number | |

Driver

| | |
|----------------------|----------------------|
| Name of Driver | YEO HONG LONG |
| NRIC No | SXXXX626B |
| Date Of Birth | 26/10/1985 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 17/10/2019 |
| Driving Experience | 0 YEAR AND 6 MONTH |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-91091660 |
| Fax Number | |
| Contact Number | OTHERS-96988667 |
| Email Address | ALANYEO23@YAHOO.COM |

| | |
|---|---------------------------------------|
| Address | BLK 869B TAMPINES AVENUE 8 #15-522 |
| Postcode | 522869 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | FRIEND |
| Vehicle Registration Number of Driver's Own Vehicle | - |
| Insurance Company of Driver's Own Vehicle | - |

General Information of the Accident

| | |
|--------------------|----------------------------|
| Type Of Accident | COLLISION - CROSS JUNCTION |
| 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? | 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 | TAMPINES NEIGHBOURHOOD POLICE CENTRE |
| Police Station Address | ROAD: 6 TAMPINES AVE 4 , POSTCODE: 529682 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-5871999 - FAX NO: 65871699 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200418/2042

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|---------------|
| Vehicle Registration Number | FT8318E |
| Vehicle Make/Model/Colour | VESPA |
| Details Of Properties | |
| Vehicle Category | MOTORCYCLE |
| Name of Driver | SEAH BAN GUAN |
| NRIC/Passport Number | SXXXX688I |
| Contact Number | 82826566 |
| Address | |
| Postcode | |

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

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: 20 / 4 / 2020
15 : 50 pm

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT 7/20200418/2042

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: 20/4/2020

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

15:50 PM

EMAIL Hong Son

ACCIDENT STATEMENT

ACCIDENT DATE: (18/04/2020) (DD/MM/YYYY), TIME: (16:30) (HH:MM)

LOCATION: TAMPINES AVENUE 8 TOWARDS TAMPINES ST 85 (CROSS JUNCTION)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SG2 8693 C
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: 5113756858
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: TOYOTA PICNIC
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: FOR GROCERIES
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: TEEN SAI FAL (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S7565596G CONTACT: 91091660
c) ADDRESS: 163 STIRLING ROAD #04-1236
S(140163)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: YEO HONG LONG (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S8536626B CONTACT: 96988667
c) ADDRESS: 66B TAMPINES AVENUE 8 #15-522
S(522869)

* d) DATE OF BIRTH: (26/10/1985) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 17/10/2019

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: FRIEND

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: TAMPINES NPC

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: FT8318E MODEL: VESPA
b) DRIVER'S NAME: SEAH BAN GUAN
c) NRIC/FIN/PASSPORT: S00806881 CONTACT: 82826566

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:
e) DRIVER'S NAME: CONTACT:
f) NRIC/FIN/PASSPORT: CONTACT:

* No of passenger
(Including driver)
(1)

* No of passenger
(Including driver)
(1)

* No of passenger
(Including driver)
(1)

Email = Nanyeo23@gmail.com
VIDEO



SINGAPORE POLICE FORCE



T/20200418/2042

1 of 3

Report No. T/20200418/2042

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|------------------------------|--|--------------------------|----------------------------|
| Date/Time Report Made: 18/04/2020 19:47 | | Vide Report No.: | | Station Diary No.: 76 | |
| Informant's Particulars | | | | | |
| Name of Informant: YEO HONG LONG | | | Address: APT BLK 869B TAMPINES AVENUE 8 #15-522 SINGAPORE 522869 | | |
| ID Type / ID No.: NRIC NO / S8536626B | | | Contact No.: Home/Office: Mobile: 96988667 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: | | |
| Sex: Male | Age: 34 | Date of Birth: 26/10/1985 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: | | Institution / School Name: |
| Occupation: Self employed | | | Driving Licence Information: Class: 3 Date of Expiry: | | |

General Information of the Accident

| | | | | |
|--|---------------------------------|-----------------------|--|-------------------------------------|
| Type of Accident: | Injury Conveyed By Ambulance | Drink Drive: No | Date/Time of Accident: 18/04/2020 16:35 | Type of Location: X-Junction |
| Location: TAMPINES AVENUE 8 Along the cross junction of Tamp st 85 | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: | | Traffic Control: | | Traffic Volume: |
| 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 |
|-------------|------------|------|-------|-------|------------------|-----------------|
| FT8318E | Motorcycle | | | | Slightly Damaged | 0 |
| SGZ8693C | Car | | | | Slightly Damaged | 0 |

Details of Person Involved

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



Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

CONTINUATION OF REPORT

| | | | | |
|-----------------------------------|---------------|--|--|-----------------------------------|
| Driver | | | | |
| Name | YEO HONG LONG | | ID No. | S8536626B |
| Related Vehicle | NIL | | Contact No. | 96988667 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry Date | Class: 3 Date of Expiry: NIL |
| Date Treatment | NIL | | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | | Degree of Injury | NIL |
| Rider | | | | |
| Name | SEAH BAN GUAN | | ID No. | S0080688I |
| Related Vehicle | NIL | | Contact No. | 82826566 |
| 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 18/04/2020 at about 1635hrs, I was travelling along Tampines Ave 8 toward Tamp st 85. As I was making a right turn at a traffic junction, the rider bearing vehicle plate (FT8318E) collided head on to the side rear of my car.

After the collision, I stepped out of my vehicle (SGZ8693C) to check on the rider. I also noticed there were slight damages to both vehicles. We exchanged contact details and photos of our front and back of our IC right after

He has initially declined going to the hospital, but upon hearing that he is experiencing discomfort to a side of his arm, I called the police. An ambulance was also called.

I have video footage as evidence. I am lodging this report for record purposes.



**SINGAPORE
POLICE FORCE**



T/20200418/2042

Police Station Of Origin:

Tampines N.P.C

6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

3 of 3

Report No: T/20200418/2042

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 /

Sgt 3 BRYAN LIM GHIM SONG

Sgt 3 Lim Wei Siong

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

SI THABAGESH JEYATHESH

Contact No.: 65476232



SINGAPORE
POLICE FORCE

Signature Of Informant:

[Signature]

Date/Time:

18/04/2020 19:47

Classification Of Case:

Authentication Stamp

NP168

[Signature]
SIGNATURE



SINGAPORE POLICE FORCE
ACKNOWLEDGEMENT SLIP

Ref: Report No: GP 20200413 / 0311

I, 325 SUTHERLAND
(Recipient's Name, NRIC or Passport No. / Rank and No.)

of 15 Jln Alor 2 2740 5305 7A
(Address / Police Station / NPC / NPP)

hereby acknowledge receipt of the below mentioned items of:

- 1 01 1620B 1620B 30 MC (BLACK) - 202 307130
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

from 2353 6606B - Joo Hong Leng NP 016078 267
(Name, NRIC or Passport No. / Rank and No.)

of 2 369B Tampines Ave 3 415-513 2/ 20200413
(Address / Police Station / NPC / NPP)

on 18/04/20 at 1745 hrs
(Date) (Time)

Witnessed by / * Handled over by:
(* Delete if applicable)

Received by:

[Signature]
(Signature)
35556626B
(Name, NRIC or Passport No. / Rank and No.)

[Signature]
(Signature)
325 SUTHERLAND
(Name, NRIC or Passport No. / Rank and No.)

Other Remarks: 20 Raffles, Tel 2347 6016
1) Police Traffic Accident Report

Claim Handling(accident reporting Claim Task)

2/2

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="checkbox"/> | 5113756858 | | TEEN SAI FAR | S7565596G | GPC | Third Party | SGZ8693C | SGZ8693C | 19/11/2019 | 27/09/2020 |