

NATIONAL Assessment Centre Services

Ref: JAN05

MN1AR0050444-01

Date In: 9/6/2012-11:34	Job description	Date & Time Completed	Done by
Ref No: NA/INC/200620874	SAS e-filing		
Veh No: 16X4154	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 9/6/2012-12:15	i-Motor Claim Form	M/1094202-01	9/6/2012 12:14
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: 60088290	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 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

NA20117	Invoice Preparation Checklist	Amf (\$)	Amf (\$)
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);	Int Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: 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*		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
Auditors' Comments:-	*N8: DV / Collect Excess Coordination \$5		
Lat 1:	TP (N11): TP (N11 INC) against INC \$20		
Lat 2 / 3:	9) N12: Idac 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	09/06/2020 11:39
Date Of Accident	08/06/2020 13:15
Exact Location Of Accident	SELETAR WEST LINK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGX4165Y
Insured/Policyholder	
Name Of Registered Owner	LEASE2OWN.SG
Co Reg No	5XXXX207C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH 1.8X A
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5112951788
Cover Note Number	

Driver

Name of Driver	TAY CHYE CHOON
NRIC No	SXXXX518J
Date Of Birth	20/02/1962
Occupation	OUTDOOR
Date Of Driving Pass	19/03/1983
Driving Experience	37 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91518339
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 506 ANG MO KIO AVENUE 8 #12-2612
Postcode	560506
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 - 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?	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.	YES
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : NG AIK CHONG 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/20200608/7021.

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	GBD8829D
Vehicle Make/Model/Colour	NISSAN
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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 TAY CHYE CHOON

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SGX4165Y

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name NG AIK CHONG

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SGX4165Y

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

Accident Sketch Plan

ACCIDENT 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 Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to renewable 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 being 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:
NIC/FIN No.:

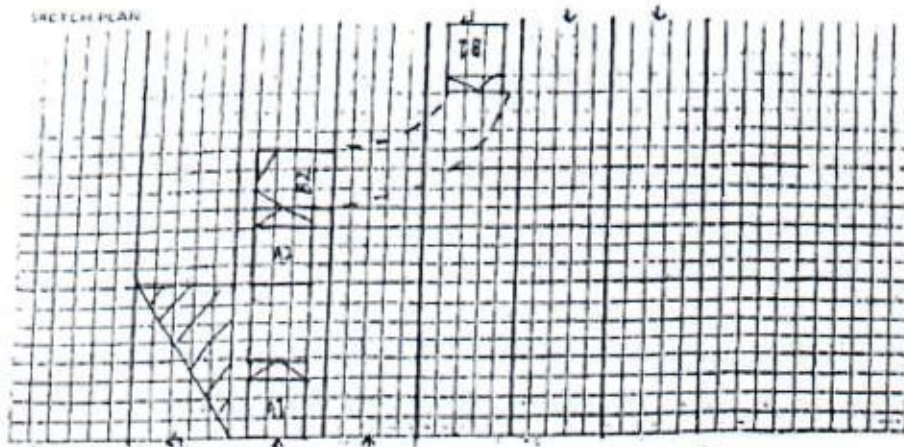
Accident Sketch Plan

Vehicle A:

SAX416SY

Vehicle B:

G408829D



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report.

DECLARATION

We declare that the following 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:
NIC/PIN No.:

Jackson

Date of Accident : 08/06/2020 Accident Time: 1319HRS (24-HR-Format)
Accident Place : Seletar West Link
Vehicle Reg. No. (Car Plate No.) : SGX4165Y
Vehicle Make/Model : Toyota wish
Insurance Company : NTUC Policy No. _____
Owner or Company Name / IC No. : Lease 2 own. sg
Owner or Company Contact No. : _____ Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : Tay Chye Choon S15535187
DRIVER'S Date Of Birth : 20-02-1962 DRIVER'S License Pass Date _____
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: H (ver)
DRIVER'S Address : Blk 506 Ang Mo Kio Ave 8 #12-2612
DRIVER'S Contact No / Alt No. : 1) 91518339 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : _____
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): 02 Passenger male
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: GBD 8829D	Vehicle Reg. No: _____
Vehicle Make/Model: Nissan	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/20200608/7021

1 of 3

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

Report No. T/20200608/7021

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/06/2020 17:44		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: TAY CHYE CHOON			Address: APT BLK 506 ANG MO KIO AVENUE 8 #12-2612 SINGAPORE 560506		
ID Type / ID No.: NRIC NO / S1553518J			Contact No.: Home/Office: Mobile: 91518339		
Nationality: SINGAPORE CITIZEN			Email: ADMIN@MYCAR.SG		
Sex: Male	Age: 58	Date of Birth: 20/02/1962	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: FRUITS DISTRIBUTOR			Driving Licence Information: Class: Date of Expiry: 08/06/2020		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 08/06/2020 13:20	Type of Location: X-Junction
Location: SELETAR WEST LINK				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
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
GBD8829D	Lorry	NISSAN			Seriously Damaged	1
SGX4165Y	Car	TOYOTA	WISH	Black	Seriously Damaged	1

Details of Person Involved

Any Pedestrian Involved: No



**SINGAPORE
POLICE FORCE**



T/20200608/7021

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

2 of 3

Report No. T/20200608/7021

CONTINUATION OF REPORT

Driver				
Name	TAY CHYE CHOON		ID No.	S1553518J
Related Vehicle	SGX4165Y (Car)		Contact No.	91518339
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: 08/06/2020
Date Treatment	08/06/2020		Date Discharge	08/06/2020
No. of Days granted Medical Leave	05	Degree of Injury	Slight	

Brief Details.

ON THE STATED TIME AND DATE, I WAS TRAVELLING ON MY VEHICLE BEARING CARPLATE NUMBER SGX4165Y ON SELETAR WEST LINK. I WAS TRAVELLING AT A MODERATE SPEED, UPON REACHING THE JUNCTION, A LORRY BEARING CARPLATE NUMBER GBD8829D MADE AN ABRUPT TURN RIGHT AT THE X JUNCTION. I HORNED HIM TO ALERT HIM BUT IT DID NOT STOP THE COLLISION FROM HAPPENING. I ALIGHTED FROM MY VEHICLE AND EXCHANGED PARTICULARS WITH HIM AND LEFT AFTER TOW TRUCK ARRIVE, I FELT PAIN AND UNWELL FROM THE ACCIDENT AND CONSULTED A DOCTOR AFTERWARDS IN WHICH I WAS GIVEN A INITIAL 5 DAYS MC. I WAS ALSO FERRYING MY BUSINESS PARTNER, NG AIK CHONG AT THE POINT OF ACCIDENT. NO ONE WAS CONVEYED.
THAT'S ALL.



**SINGAPORE
POLICE FORCE**



T/20200608/7021

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

3 of 3

Report No. T/20200608/7021

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 /
SHARIFAH NOR FARIZAN BINTE SYED MOHD
SAID
Contact No.: 65476172

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

Date/Time:
08/06/2020 17:44

Classification Of Case:

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="08/06/2020 09:13"/>
Vehicle No.(For Motor)	<input type="text" value="SGX4165Y"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5112951788	5112951788-000034	LEASE2OWN.SG	53387207C	GFM	drive CLASSIC	SGX4165Y	SGX4165Y	23/05/2020	26/09/2020

4Exit

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