

NATIONAL Assessment Centre Services. [ver 1 Jan 2003] MUA 1200 50670

Date In: 10/16/20 11:58	Job description	Date & Time Completed	Done by
Ref No: MA1 Inc 2000 6375/64	SAS e-filing		
Veh No: SMG 55194	E-mail (within 3hrs, A/C 2hrs)		
DDA: 9/6/20 14:50	I-Motor Claim Form	MT/1094077-091	10/16/20
U/I: <input checked="" type="checkbox"/> 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/WRgn		

Preferred Wksp / INC Assign Wksp / QW: ()	Tel: ()	Fax: ()
TP Particulars:	Veh No: SKG 9677	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 100000 6700 4040)	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

MA 2003232		Invoice Registration Checklist	Amc (5)	Adm (3)
Claimants Particulars:	Driver/Owner:	1) AR: Accident Reporting (\$30);	30.00	
Contact No:	Damaged Portion:	2) DA: Damage Assessment (\$100); INC (\$10)		
QC Checked by (Engr-In-Charge):		3) TP: Towing Fee \$40/545		
Auditory Comments:		4) FT: Follow-Through Survey \$120		
		5) PT: Follow-Through Survey (Resurvey) \$30		
		6) TR: Re-Inspection \$75		
		7) NI: Idas DA + SMRT Survey \$160		
		8) NTUC Additional Services:		
		QJ:		
		*NS: Courtesy Car / Tpt Allowance \$5		
		*NG: Repair Co-ordination \$10		
		*NI: Post Repair Inspection \$25		
		*NR: DV / Collect License Coordination \$5		
		TP (N11): TP (N-in INC) against INC \$20		
		9) N12: Idas 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	10/06/2020 11:58
Date Of Accident	09/06/2020 14:50
Exact Location Of Accident	LAVENDER ST TWDS BALESTIER RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMG5519Y
Insured/Policyholder	
Name Of Registered Owner	PL & CY TRADING
Co Reg No	5XXXX493E
Email Address	ADMIN@MYCAR.SG
Mobile Phone No	
Alternative Phone No	OFFICE-91446234

Vehicle Particulars

Manufacturer	HONDA
Model	GRACE
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	5106127678-01
Cover Note Number	

Driver

Name of Driver	LOW YONG CHOON
NRIC No	SXXXX986H
Date Of Birth	10/11/1990
Occupation	OUTDOOR
Date Of Driving Pass	09/06/2016
Driving Experience	4 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91446234
Fax Number	
Contact Number	
Email Address	ADMIN@MYCAR.SG

Address	BLK 819 JURONG WEST STREET 81 #11-238 SINGAPORE
Postcode	640819
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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 TO REAR
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	1
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	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 REF NO. T/20200609/7015

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	SKG967T
Vehicle Make/Model/Colour	TOYOTA ALTIS
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	DOONG NENG TIAN
NRIC/Passport Number	SXXXX017F
Contact Number	91558877
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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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.

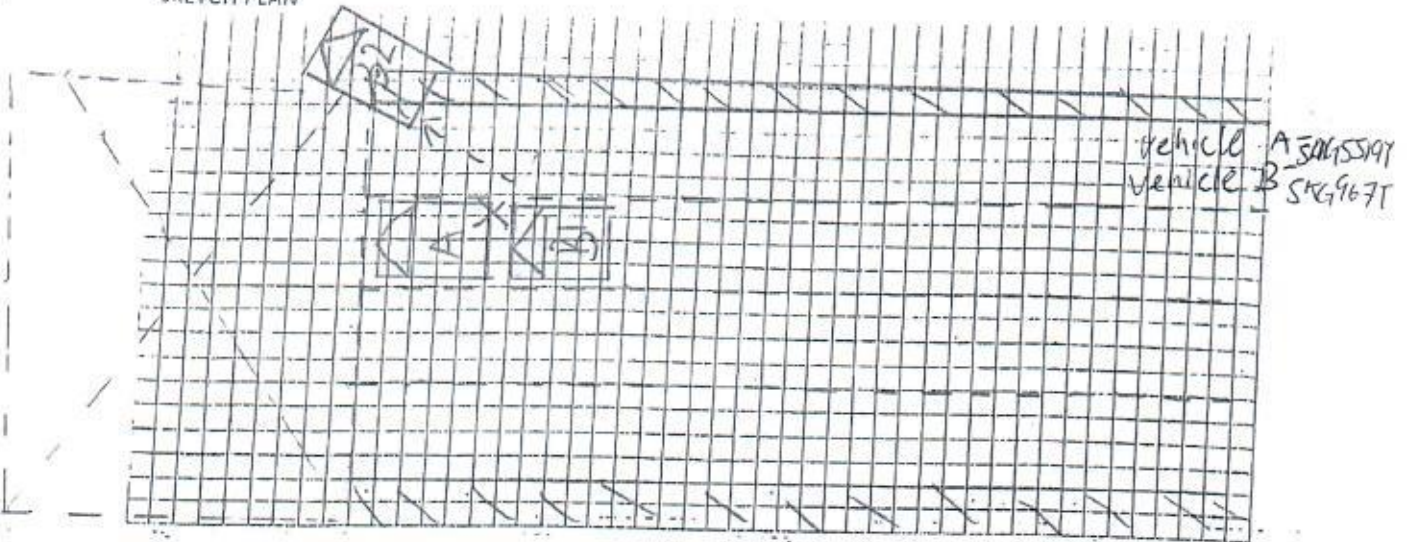


Policyholder's Signature
Date & Time:

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

I was driving in my car (SMG5519T) on lavender st. (towards balestier Rd). The traffic was red and my car was stationary. Suddenly I felt a great impact from behind. Vehicle B (SKG967T) collided into my car and swert to my right landed on the curb. I felt great pain from my neck and back. I had consult a doctor and received 5 days MC.

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.:



SINGAPORE POLICE FORCE



T/20200609/7015

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

1 of 3

Report No. T/20200609/7015

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/06/2020 19:26		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: LOW YONG CHOON			Address: APT BLK 819 JURONG WEST STREET 81 #11-238 SINGAPORE 640819		
ID Type / ID No.: NRIC NO / S9042986H			Contact No.: Home/Office: Mobile: 91446234		
Nationality: SINGAPORE CITIZEN			Email: paul.low90@gmail.com		
Sex: Male	Age: 29	Date of Birth: 10/11/1990	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 09/06/2020 14:50	Type of Location: Straight Road
Location: LAVENDER STREET				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 60 Km/h
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKG967T	Car	TOYOTA	Altis	White	Seriously Damaged	0
SMG5519Y	Car	HONDA	GRACE	White	Seriously Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20200609/7015

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

2 of 3

Report No. T/20200609/7015

CONTINUATION OF REPORT

Driver			
Name	LOW YONG CHOON	ID No.	S9042986H
Related Vehicle	SMG5519Y (Car)	Contact No.	91446234
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	09/06/2020	Date Discharge	09/06/2020
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

I was driving in my car along lavender street towards Balestier road. When the traffic light turn red, I slow down and then come to a stop. Suddenly I felt a great impact, a car collided to my back of my car and then his car swerve to the right and hit the kerb. I felt great pain and visit intermedical clinic at Ang Mo Kio and was referred to Mount Alvernia hospital and was given 5 days MC. I also have video footage of the accident.



**SINGAPORE
POLICE FORCE**



T/20200609/7015

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

3 of 3

Report No. T/20200609/7015

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 /
MOHAMED SUFIAN BIN MOHAMED JUNID
Contact No.: 65476247

Authentication Stamp

NP168

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

Date/Time:
09/06/2020 19:26

Classification Of Case:

Date of Accident : 9/6/2020 Accident Time: 1450 (24-HR-Format)
 Accident Place : Lavender St (towards Balestier Rd)
 Vehicle Reg. No. (Car Plate No.) : SMG5519Y
 Vehicle Make/Model : Honda City GRACE
 Insurance Company : NTUC Policy No. _____
 Owner or Company Name / IC No. : PL & CY TRADING
 Owner or Company Contact No. : 91446234 Owner's Hp _____ Company Tel _____
 DRIVER'S Name / IC No. : LOW YONG HOON
 DRIVER'S Date Of Birth : 10/11/1990 DRIVER'S License Pass Date 09 JUN 2016
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____
 DRIVER'S Address : 819 Jurong West St 81 #11-238
 DRIVER'S Contact No. / Alt No. : 1) 91446234 2) _____
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address : ~~mta~~ admin@mycar.sg
 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): 01
 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: SKG 967T
 Vehicle Make/Model: Toyota / Altis
 Name Driver: DOONG NENG TIAN
 IC No. Driver: S8722017F
 Driver's Contact & Add: 91558877

Vehicle Reg. No: _____
 Vehicle Make/Model: _____
 Name Driver: _____
 IC No. Driver: _____
 Driver's Contact & Add: _____

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="09/06/2020 12:00"/>							
Vehicle No.(For Motor)	<input type="text" value="SMG5519Y"/>	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"/>	5106127678-01		PL & CY TRADING	53390493E	GPC	drivo CLASSIC	SMG5519Y	SMG5519Y	24/12/2019	23/12/2020
<input type="button" value="Continue"/>										

Claim Handling

Accident MT/1094077

Policy No.	5106127678-01	Vehicle No.	SMG5519V	GST Registration No.	
Certificate No.					
Policyholder Name	PL & CY TRADING	Cover Type	drivo CLASSIC	Policyholder NRIC	53390493E
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	91446234	Special Remark		Contact No.(Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	No
KFK		NCD Entitlement(%)	10	eCode Reason	
NCD Protection	No			Private Hire	Yes

Accident Details

Report Date	10/06/2020 12:18	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	09/06/2020	Time of Accident hh:mm	14:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	LAVENDER ST TWDS BALESTIER RD				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00
OD Standard Excess		TP Standard Excess	1,500.00
YIED OD Excess	2,000.00	YIED TP Excess	0.00
Additional Excess	0	Driver is Covered?	Covered
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			

Policyholder Mailing Address

Address 1	BLK 819 #11-238	Address 2	JURONG WEST STREET 81	Address 3	SINGAPORE 640819
Address 4		Address Type	Singapore address	Post Code	640819
Unit No.	11-238	Related Policy Number	5106127678-01		

OI Driver Info

Driver Name	LOW YONG CHOON	Driver Type	Main Driver	Driver DOB	10/11/1990
Unnamed driver Name		Driver NRIC	S9042986H	Driving Experience	4
Register Date of Driver License	09/06/2016	Driver Age	29	Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	SINGAPORE 640819
Address 1	BLK 819 # #11-238	Address 2	JURONG WEST STREET 81	Post Code	640819
Address 4		Address Type	Singapore address		
Unit No.	# 11-238	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?

☐ Yes ☒ No

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	PL & CY TRADING	Insured NRIC	53390493E
Contact No.(Mobile)		Contact No. (Home)		Contact No. (Office)	67697757
Email Address		Ol	SMG5519Y	TP	SKG967T
Claim Description	SMG5519Y / SKG967T ON 9 Jun 2020				
Preferred Workshop	Insured Liability Preferred Workshop, Name unknown				
Preferred Repair Option	GIA report				
Date Registered	10/06/2020 12:23	Claim Close Date		Date Received	10/06/2020 00:00
Report Taken By					

☒ Print AK letter

Attachment

Accident No.	MT/1094077	Claim No.	001
Last Doc. Received		Upload Date	10/06/2020 12:25
<input checked="" type="radio"/> Yes <input type="radio"/> No		Path *	
Choose File	No file chosen	Clear	Category *
Choose File	No file chosen	Clear	Confidential
Choose File	No file chosen	Clear	Urgency *
Choose File	No file chosen	Clear	Description *
Choose File	No file chosen	Clear	
Choose File	No file chosen	Clear	
Choose File	No file chosen	Clear	
Choose File	No file chosen	Clear	
Message Read			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	10 Jun 2020 12:25	Photos	Normal	Photos 2020-6-10		Edit

	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Jun 2020 12:25	Photos	Normal	Photos 2020-6-10	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Jun 2020 12:24	Photos	Normal	Photos 2020-6-10	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Jun 2020 12:24	Photos	Normal	Photos 2020-6-10	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Jun 2020 12:24	Photos	Normal	Photos 2020-6-10	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Jun 2020 12:24	Photos	Normal	Photos 2020-6-10	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Jun 2020 12:24	Photos	Normal	Photos 2020-6-10	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Jun 2020 12:24	Photos	Normal	Photos 2020-6-10	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Jun 2020 12:23	Photos	Normal	Photos 2020-6-10	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Jun 2020 12:23	Photos	Normal	Photos 2020-6-10	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Jun 2020 12:23	Photos	Normal	Photos 2020-6-10	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Jun 2020 12:23	NRIC/ Driving License	Y	NRIC/ Driving License 2020-6-10	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Jun 2020 12:23	NRIC/ Driving License	Y	NRIC/ Driving License 2020-6-10	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Jun 2020 12:23	SAS	Normal	SAS 2020-6-10	Edit

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
		Display in New Window Scan and uploading		