

NATIONAL Assessment Centre Services. [ver 1 Jan 00] *M/20842007071*

Date In: <i>18/08/2020 14:33</i>	Job description	Date & Time Completed	Done by
Ref No: <i>NBA/INC00008614/4</i>	SAS e-illing		
Veh No: <i>SC4 7878</i>	E-mail (by rule book, AIG this)		
DOA: <i>17/08/2020 19:00</i>	I-Motor Claims Form	<i>M71100338-001</i>	<i>18/08/2020 14:33</i>
OD: TP: <i>Reporting Only</i>	I-Motor W/O (Within: OD this, TP this)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Witness		

Preferred Wkep / INC Assign Wkep / QW: () Yelt () Fax ()

TP Particulars: Veh No: *SC4 7878* 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: _____

<i>N/A 2004-352</i>	1) AR: Accident Reporting (\$30)		
Driver/Owner:	2) DA: Damage Assessment (\$100)	INC (\$10)	
Contact No:	3) TP: Towing Fee	\$400.45	
Damage Portion:	4) PT: Follow-Through Survey	\$125	
IC Checked by (Engr-In-Charge):	5) PF: Follow-Through Survey (Resurvey)	\$30	
	6) TR: Re-inspection	\$75	
	7) NI: Issue DA + SMRT Survey	\$160	
	8) NIUC Additional Services		
	ON:		
	*NI: Courtesy Car / Tpl Allowance	\$5	
	*NI: Repair Co-ordination	\$10	
	*NI: Post Repair Inspection	\$25	
	*NI: DV / Collect Excess Coordination	\$5	
	TP (NI) / TP (Non INC) against IAG	\$10	
	9) NI: Issue 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	18/08/2020 10:27
Date Of Accident	17/08/2020 19:00
Exact Location Of Accident	SIMS AVENUE TURNING RIGHT TOWARDS STILL ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCU7878S
Insured/Policyholder	
Name Of Registered Owner	LAM MUN HOI
NRIC No	SXXXX675C
Email Address	RON662@MUNDA.COM.SG
Mobile Phone No	(LOCAL) +65-96625662
Alternative Phone No	OTHERS-96625662
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	E200
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
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	5110305733
Cover Note Number	
Driver	
Name of Driver	LAM MUN HOI
NRIC No	SXXXX675C
Date Of Birth	15/12/1952
Occupation	OUTDOOR
Date Of Driving Pass	09/10/1973
Driving Experience	46 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96625662
Fax Number	
Contact Number	OTHERS-96625662
Email Address	RON662@MUNDA.COM.SG

Address 7 ELIAS GREEN
#06-03
Postcode 519962
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 COLLIDED INTO PEDESTRIAN
Weather Conditions RAINING
Road Surface WET

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? YES
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: : PASSENGER
GENDER: : MALE
Passenger 2 NAME: : PASSENGER
GENDER: : FEMALE

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

PLEASE REFER TO POLICE REPORT T/20200817/2149

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
Vehicle Make/Model/Colour
Details Of Properties PEDESTRIAN
Vehicle Category NA/UNKNOWN
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 UNKNOWN PEDESTRIAN

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle?

Were seat belts worn?

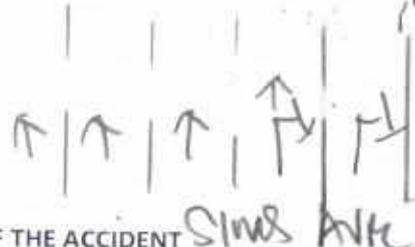
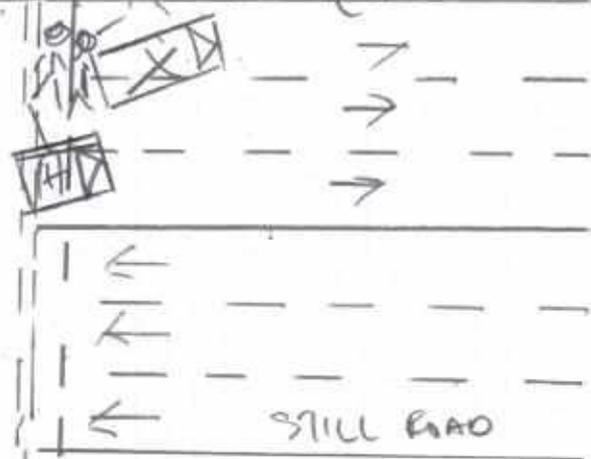
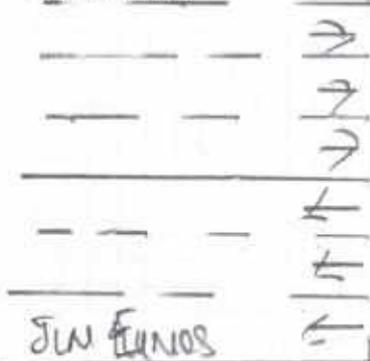
Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

PEDESTRIAN (B)

SKETCH PLAN



- A) SCUTTERS
- B) PEDESTRIAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

SIMPAS AVE

REFER TO POLICE REPORT 7/20200817/2149

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:

10.8.2020
Driver's Signature
(if driver is not the policyholder)
Date & Time:

18/08/2020
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: 17/08/2020 (DD/MM/YYYY), TIME: 07:01 (HH:MM)

LOCATION: St. U Rd

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SCU78783
- b) INSURANCE COMPANY: NTUC
- c) POLICY NUMBER: 5110805733
- d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
- e) MAKE & MODEL: MAZDA NC E200
- f) TYPE: SALOON / COUPE / MPV / VAN / LOBBY / MOTORCYCLE / OTHERS
- g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
- h) PURPOSE OF USING AT ACCIDENT TIME: 7:01 pm
- i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) YES / NO
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: LAM MUN HOI (MALE / FEMALE)
- B) NRIC/FIN/PASSPORT: S0072675C CONTACT: _____
- C) ADDRESS: Blk 7 Elias Green #06-076) 519962

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: AI ARON (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
- c) ADDRESS: _____

* d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS _____

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

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: Traffic Police

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: PFD08P10A1 MODEL: _____
- b) DRIVER'S NAME: _____
- c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

(IF)
(IM)

No of passenger
(including driver)

3

No of passenger
(including driver)

()

No of passenger
(including driver)

()

email = You 662 @ munda. com. sg

VIDEO

REN 662 @ munda. com. sg

REN 662 @ munda. com. sg

ROS



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

Report No. T/20200817/2149

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/08/2020 22:17	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: LAM MUN HOI			Address: APT BLK 7 ELIAS GREEN #06-03 ELIAS GREEN SINGAPORE 519962		
ID Type / ID No.: NRIC NO / S0072675C			Contact No.:		Mobile: 96625662
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 67	Date of Birth: 15/12/1952	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: OTHERS			Driving Licence Information: Class: 2B,2A,2,3		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 17/08/2020 19:00	Type of Location: TRAFFIC LIGHT JUNCTION
Location: SIMS AVENUE				
Weather: Raining		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision:				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SCU7878S	Car	MERCEDES BENZ	E 200CGI	Brown	No Damage	2

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SCU7878S	NTUC Income Insurance Co-Operative Limited	5110305733	29/06/2019	28/12/2020



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

Report No. T/20200817/2149

CONTINUATION OF REPORT

Details of Person Involved					
Any Pedestrian Involved: Yes			Use of Pedestrian Crossing: NA		
No. of Pedestrians Injured: 1					
Driver					
Name	LAM MUN HOI	ID No.	S0072675C		
Related Vehicle	SCU7878S (Car)	Contact No.	96625662		
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL		
Date Treatment	NIL	Date Discharge	NIL		
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL		
Passenger					
Name	Unknown Passenger	ID No.	NIL		
Related Vehicle	NIL	Contact No.	NIL		
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		
Pedestrian					
Name	Unknown Pedestrian	ID No.	NIL		
Related Vehicle	NIL	Contact No.	NIL		
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		



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

CONTINUATION OF REPORT

Passenger			
Name	Unknown Passenger	ID No.	NIL
Related Vehicle	NIL	Contact No.	NIL
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 THE ABOVE MENTIONED DATE, TIME AND LOCATION. I WAS STATIONARY AT THE TRAFFIC LIGHT JUNCTION FROM SIMS AVE TURNING INTO STILL ROAD. THERE WAS A BUS INFRONT OF ME. AS THE TRAFFIC LIGHT TURNED GREEN, THE BUS INFRONT MOVED. I THEN WAITED FOR THE BUS TO PASS FIRST WHEN A PEDESTRIAN APPEARED. MY CAR THEN HIT ONTO THE PEDESTRIAN AT THE LEFT HEADLIGHT AREA. SHE THEN CALLED HER FRIEND TO COME DOWN. AFTER THE FRIEND CAME HE THEN ASKED ME TO GO TO THE MORAL HOME FOR THE DISABLED, PKMS BUILDING. I THEN PARKED MY VEHICLE THERE. I THEN SUGGESTED TO BRING HER TO GO TO THE POLICE STATION IN WHICH SHE REFUSED. SHE THEN CALLED FOR POLICE.
THATS ALL



SINGAPORE
POLICE FORCE



T/20200817/2149

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

4 of 4

Report No, T/20200817/2149

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 /
MUHAMMAD DANIAL BIN KHAIRILAMRI

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
17/08/2020 22:17

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt MOHAMMED FEROUZ BIN HUSSEIN
Contact No.: 65476206

Classification Of Case:



Authentication Stamp
NP168

SINGAPORE

Claim Handling

Accident #1/1100238

Policy No.	5110302733	Vehicle No.	SCU9785	GST Registration No.	
Certificate No.					
Policyholder Name	LAM MUN HOI			Policyholder NRIC	S072675C
Product Code	PRIVATE CAR INSURANCE	Driver Type	DRIVE CLASSIC	Locality	0
Contact No. (Mobile)	96625662	Contact No. (Office)		Contact No. (Home)	
Email Address		Social Network		PCode	NO
AKC	No Yes	TCR	No Yes	eCode Reason	
NCD Protection	Yes	NCD Settlement No.	00	Private PPE	Yes
Accident Details					
Report Date	18/08/2020 14:25	Accident Report Within 24 hrs	Yes	Accident Type	Collision Inv. Pedestrian
Date of Accident	17/08/2020	Time of Accident (Hours)	22:00	Country of Accident	Singapore
Reporting Centre		Orange Force		SCM No.	
Accident Location	DIMS AVENUE TURNING RIGHT TOWARDS STILL ROAD				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	Driver is Covered?	Covered
OD Standard Excess	3,000.00	TP Standard Excess	1,500.00		
YED OD Excess	0.00	YED TP Excess	0.00		
Additional Excess	0				
Total OD Excess Applicable	3,000.00	Total TP Excess Applicable	1,500.00		

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Notification history			

Policyholder Mailing Address

Address 1	7 ELIAS GREEN	Address 2	406-01	Address 3	SINGAPORE 519962
Address 4		Address Type	Singapore address	Post Code	519962
Unit No.		Related Policy Number	5110302733		

01 Driver Info

Driver Name	LAM MUN HOI	Driver Type	Non Driver	Driver DOB	18/12/1952
Unnamed driver Name		Driver NRIC	S072675C	Driving Experience	22
Register Date of Driver License	21/12/1997	Driver Age	67	Contact No. (Home)	
Contact No. (Mobile)	96625662	Contact No. (Office)		Address 1	SINGAPORE 519962
Address 1	7 ELIAS GREEN	Address 2	406-01	Address 3	SINGAPORE 519962
Address 4		Address Type	Singapore address	Post Code	519962
Unit No.		Driver Vehicle No.	SCU9785	Driver Insurer Company	NTUC
Does he own a Singapore Registered car?	Yes No				
Declaration					
Breathalyzer or Blood Test Reading?	0.0%	Any injury?	Yes No		

Notification history

Claim 001 **New**

Claim Type *

Contact No. (Mobile)

Email Address

Claim Description

Preferred Workshop (Feedback for Franchisor) Insured Liability: Partially at fault

Date Reported: 18/08/2020 14:41

Report Taken By: ROSE WANG

Claim Date: 18/08/2020 00

Save Submit

Attachment

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent (CO)
MAC_BUKIT_MERAH_800876 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 18 Aug 2020 14:41		Photos	Normal	Photo 2020-8-18	

Hello, NAC_BUKIT_MERAH_800676

[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"/>	S110305733		LAM MUN HOI	S0077675C	GPC	drive CLASSIC	SCU7878S	SCU7878S	29/06/2019	28/12/2020

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 : 27 MAY 20070191 Vehicle Registration No: SCU7878S
Name (as shown in NRIC) : LAM MUN HOI NRIC/FIN/Passport No : _____
(*Vehicle Driver / Vehicle Owner) (* Please delete as appropriate)
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 96625662
Email Address : _____
Date of Accident : 17/08/2020 Time of Accident : 19:00
Place of Accident : SIMS AVENUE TURN RIGHT TOWARDS STILL ROAD
Insurance Company : M7U

(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:

ACCIDENT LOCATION TURN RIGHT TOWARDS STILL ROAD

Policyholder / Driver's Signature
Date:

[Signature] 18/08/2020
Reporting Centre Personnel's Signature
Name: Resdi LAMAR
NRIC/FIN No: _____
Date: _____