

NATIONAL Assessment Centre Services

(wef 1 Jan'08)

MHA00751

Date In: 24/12-18:05	Job description	Date & Time Completed	Done by
Ref No: 24/120089274	SAS e-filing		
Veh No: 24248K	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 24/12-18:45	i-Motor Claim Form	24/12/10-00	24/12 18:16
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: 24 24714	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:-	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

Claimant's Particulars:-	Invoice Preparation Checklist	Ant (\$) Est Bill	Ant (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments:-	5) FT: Follow-Through Survey (Resurvey) \$30		
Est. 1:	For claiming against INC Only (wef 10 Jan 2008)		
Est. 2/3:	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Q1*		
	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	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	24/08/2020 18:05
Date Of Accident	21/08/2020 10:45
Exact Location Of Accident	DUNEARN RD TWDS CITY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH2298K
Insured/Policyholder	
Name Of Registered Owner	HSIN YI PTE LTD
Co Reg No	2XXXXX382H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83999161
Alternative Phone No	OFFICE-83999161

Vehicle Particulars

Manufacturer	TOYOTA
Model	ALPHARD ELEGANCE MR (AUTO)
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	5112058648
Cover Note Number	

Driver

Name of Driver	TOH XUN WEI
NRIC No	SXXXX301A
Date Of Birth	24/05/1996
Occupation	OUTDOOR
Date Of Driving Pass	10/08/2016
Driving Experience	4 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83999161
Fax Number	
Contact Number	OFFICE-83999161
Email Address	NOEMAIL

Address	BLK 185B RIVERVALE CRESCENT #09-113
Postcode	542185
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	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	CLEMENTI POLICE DIVISIONAL HQ (D DIVISION)
Police Station Address	ROAD: 20 CLEMENTI AVENUE 5 , POSTCODE: 129858 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7740000 - FAX NO: 67741705
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - D/20200821/7022.

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	SHB1711U
Vehicle Make/Model/Colour	TOYOTA PRIUS
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	MUTHUSAMY S/O RAJOO
NRIC/Passport Number	SXXXX496B
Contact Number	90355834
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name TOH XUN WEI

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SLH2298K

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

IMPORTANT NOTICE

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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:

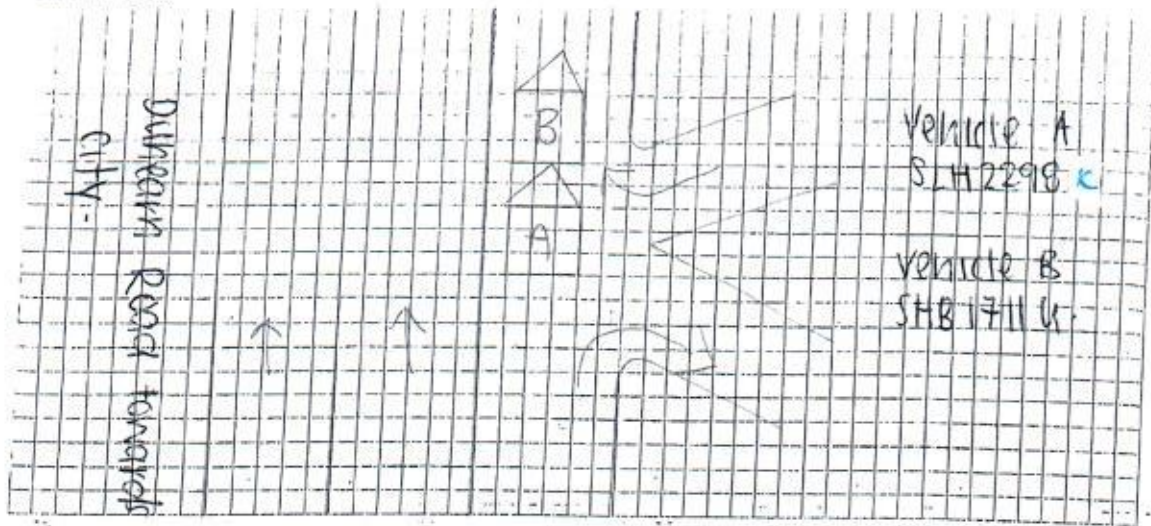
- (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this {form} and any other personal information provided by me or possessed by my Insurer (collectively the "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.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to police report-

DECLARATION

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

Policyholder's Signature
Date & Time:



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

[Handwritten signature]

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

[Handwritten signature]

Date of Accident : 21/08/2020 . Accident Time: 10.45am . (24-HR-Format)
 Accident Place : dunearn road towards city.
 Vehicle Reg. No. (Car Plate No.) : SLH2298BK
 Vehicle Make/Model : Toyota Alphard.
 Insurance Company : NTUC . Policy No. _____
 Owner or Company Name / IC No. : HSIN YI PTE LTD.
 Owner or Company Contact No. : 83999161 . Owner's Hp _____ Company Tel _____
 DRIVER'S Name / IC No. : TOH XIN WEI .
 DRIVER'S Date Of Birth : 24/05/2020 . DRIVER'S License Pass Date 10/08/2016 .
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____
 DRIVER'S Address : Blk 185B RIVERVALE crescent #09-113
 DRIVER'S Contact No. / Alt No. : 1) 83999161 . 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): 1 .

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: <u>SHB1711U</u> .	Vehicle Reg. No: _____
Vehicle Make/Model: <u>TOYOTA PRIUS</u> .	Vehicle Make/Model: _____
Name Driver: <u>MUTHURAMY S/O RAJOO</u> .	Name Driver: _____
IC No. Driver: <u>514204968</u> .	IC No. Driver: _____
Driver's Contact & Add: <u>90355834</u> .	Driver's Contact & Add: _____



**SINGAPORE
POLICE FORCE**



D/20200821/7022

1 of 2

POLICE REPORT (NP299)

Report No. D/20200821/7022

Police Station Of Origin
Clementi Division HQ
20 Clementi Avenue 5 SINGAPORE 129858
Tel No:1800-7740000

Date/Time Report Made 21/08/2020 17:18	Vide Report No.	Station Diary No.
Name Of Informant TOH XUN WEI	Address 185B RIVERVALE CRESCENT #09-113 SINGAPORE 542185	
ID Type / ID No. NRIC NO / S9618301A	Contact No. Home/Office: Mobile: 83999161	
Nationality SINGAPORE CITIZEN	Email Address xunwei66@hotmail.com	
Occupation Chauffeur	Sex Male	Age 24
Institution/School Name	Date of Birth 24/05/1996	Race Chinese
Date/Time Of Incident 21/08/2020 10:45 - 21/08/2020 11:45	Language English	
	Location Of Incident 2 BLACKMORE DRIVE KING ALBERT PARK MRT STATION SINGAPORE 599987	

Brief details.

ON THE STATED TIME AND DATE, I WAS TRAVELLING ON MY VEHICLE BEARING CARPLATE NUMBER SLH2298K ON DUNREAN ROAD, I WAS TRAVELLING ON THE EXTREME RIGHT LANE OF 3 LANES WHEN SUDDENLY VEHICLE CAR PLATE NUMBER SHB1711U TURNED OUT FROM THE U-TURN LANE AND JAMMED HIS BREAK THUS CAUSING ME TO BANG HIM.

THE IMPACT CAUSED ME TO FEEL UNWELL IN WHICH I WENT TO MOUNT ALVERNIA HOSPITAL

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 21/08/2020 17:18
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



D/20200821/7022

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20200821/7022

TO SEEK MEDICAL ATTENTION AND WAS PRESCRIBED WITH A 5 DAYS MC.

Subjects Involved			
Suspect			
Person Name	MUTHUSAMY S/O RAJOO		
ID Type	NRIC NO	ID No	S1420496B
Gender	Male	Race	Indian
Language	English	Address	146 SERANGOON NORTH AVE 1 #11-401 SINGAPORE 550146
Mobile No	90355834		
Victim			
Person Name	TOH XUN WEI		
ID Type	NRIC NO	ID No	S9618301A
Gender	Male	Age	24
Race	Chinese	Language	English
Occupation	Chauffeur	Address	185B RIVERVALE CRESCENT #09-113 SINGAPORE 542185
Mobile No	83999161	Is Informant A Victim?	Yes
Person Name	TOH XUN WEI (Informant)		

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

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

Date/Time:

21/08/2020 17:18

Classification Of Case: